



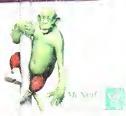
**GSL**Guaifenesin and Levomenthol



Guaifenesin, Levomenthol and Diphenhydramine

INTRODUCING NEW
BENYLIN MUCUS
COUGH AND BENYLIN
MUCUS COUGH NIGHT







When babies need congestion relief, recommend new CALPOL Soothe & Care Saline Nasal Spray. Suitable from birth, it's a gentle, natural and yet effective way to unblock their little noses.

The makers of Calpol have kids' colds & flu covered this winter



Group Editor

Gary Paragpuri MRPharmS 01732 377688

**News Editor** 

Max Gosney 01732 377315

Features Editor

Jennifer Richardson 01732 377088

Reporters

Zoe Smeaton 01732 377441

Chris Chapman 01732 377503 Clinical & CPD Editor

Gavin Atkin 01732 377239

Acting Marketing Editor

Sarah Thackray 01732 377600

**Production Editor** Harriet Kinloch 01732 377112

**Deputy Production Editor** 

Fay Jones 01732 377396 Group Art Editor

Richard Coombs 01732 377528

Designers

David Farram 01732 377120

Jo Konopelko 01732 377231

Office Manager

Elaine Steele 01732 377621 (fax): 01732 367065

esteele@cmpmedica.com

Marketing Manager Emily Miles 01732 377612

Commercial Director

Ruth McKay 020 7921 84S6

**Advertisement Managers** 

Daniel Spruytenburg 020 7921 8126 Deborah Heard 020 7921 8119

Senior Sales Executive

Andrew Walker 020 7921 8123

Online Senior Sales Executive

Jonathan Franklin 020 7921 8333

C+D Data

Devi Patel (Operations Manager) 020 7921 823S

020 7921 8235

Colin Simpson (Price List Controller) 020 7921 8667

Darren Larkin (Electronic Data

Controller) 020 7921 8294

Sandra Drawbridge (Input Clerk)

020 7921 8674

**Projects Director** 

Patrick Grice MRPharmS 01732 377296

**Training Development Managers** 

Asha Fowells MRPharmS

01732 377463 Kinna McConochie MRPharmS

01732 377487

Projects Administrator

Pauline Sanderson 01732 377269

Production

Katrina Avery 01732 377674

**Managing Director** 

Phil Johnson 01732 377633

Email

firstinitialsurname

@cmpmedica.com



WE SEEM TO HAVE
AN INHERENT
TENDENCY TO
GIVE FEEDBACK
ONLY WHEN WE
HAVE SOMETHING
BAD TO SAY

The internet has spawned a glut of AA Gill wannabes. From reviews of restaurants to racing bikes, the web has made publishing a critique available to the masses.

No surprise then to hear that pharmacists are next up for the citizen journalists (p4), with the launch of a dedicated rate your pharmacy website.

Pharmacists have a stellar reputation as accessible, informative and approachable. Taken at face value, you'd expect to see that translate into five-star reviews all round. But pharmacists have an Achilles heel.

Typically, your most ardent fans come from the deprived communities you serve so well or are very elderly. These groups are more likely to budget £12.99 a month for baked beans than a broadband connection – denying them the chance to vote.

Ratings could also be skewed by human nature. We seem to have an inherent tendency to give feedback only when we have something bad to say.

If you are served a plate of cold, rubbery spaghetti you're much more likely to let fly at the restaurateur than you would be to praise them after a delicious plate of pasta. The danger is that it is only those who encounter you on a hectic Wednesday morning rush hour who bother to go online and tell the

world about their hellish wait for a prescription.

That might not be such a bad thing of course. Pharmacists could use this website to gauge their customer service skills and learn from their mistakes. If a representative sample of patients had left honest reviews there really wouldn't be a problem. But the revelation that PCTs could use the data to inform commissioning decisions is extremely worrying.

You can see the appeal to PCT bosses. The NHS is obsessed with its Ps and Qs – patient power and quality. A website providing a quality measure made by patients is a perfect marriage of the two.

But, PCTs be warned, such websites are likely to give a limited picture. If trusts want to assess the true worth of pharmacy then they need to examine detailed audits of their services. There can be no shortcuts here. If PCTs are serious about the drive for quality care then they have to invest time and effort studying the feedback from the patients who are actually using the smoking cessation, weight loss or warfarin testing services.

Pharmacists have put backbreaking effort into getting some outstanding services off the ground. The least PCTs can do is to look at them properly before carving up the next commissioning budget.

Max Gosney, News Editor

- 4 Online ratings for pharmacies next year
- 5 Locum group idea gets GPhC backing
- **6** Minister praises sector for swine flu part
- 8 Pharmacy cleared of unethical drug sale10 Letters
- **12** GPhC: your new flexible friend?
- **14** Product and market news
- 28 Classified
- **34** Postscript

- **19** Update: scripts in substance abuse Top tips to ensure prescriptions are legal
- **21** Practical Approach
  Analgesia for worsening pain in cancer
- **22** Sex in the city
  Chlamydia screening in London's pharmacies
- **27** On the swine flu front line
  How pharmacists are coping under pressure
- **29** Careers
  Effective staff appraisals

© CMP Medica, Chemist+Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 15E. C+D online at www.chemistanddruggist.co.uk. Subscriptions: With C+D Monthly pricelist £240 (UK), without pricelist £190 (UK), ROW price £355. Circulation and subscription. UBM Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16.9EF. Telephone: 01858. 438908. Fax. 01858. 434958. Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer. The editorial photos used are countersy of the suppliers whose products the periodiced or transmitted to in this magazine. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express prior written consent of the publisher. The contents of Chemist+Druggist are subject to reproduction in information storage and retrieval systems. UBM Information Ltd may pass suitable reader addresses to other relevant suppliers. If you do not wish to receive sales information from other companies please write to Emily Miles at CMP Medica. Origination by ITM Publishing Services, Central House, 142 Central St, London EC1V BAR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24. BHH. Registered at the Post Office as a Newspaper. Volume 272 No 6723

## All pharmacies to be subject to online ratings from next year

EXCLUSIVE Website will allow patients to score providers, with ratings informing PCTs

Max Gosney

mgosney our medica.com

A website that allows patients to rate their pharmacists is set to launch next January, C+D can exclusively reveal.

The public will be able to score pharmacists on customer service and trustworthiness, under plans.

Iwantgreatcare.org already features doctors and dentists, and has been extended to pharmacies after requests by PCTs, C+D understands.

Website founder Neil Bacon said: "The concept is to allow the public to leave ratings that help patients make the right choice. We also provide a service to PCTs. They wanted us to expand into pharmacy and I think this shows increasing interest in commissioning services outside of GPs."

#### How you'll be rated on the website



Patients will rate pharmacists and their premises out of 100 against the following criteria. They'll also be able to leave additional comments.

How polite was the pharmacist?

How efficient was the pharmacist?

How clean was the pharmacy?

Were you treated with respect and dignity?

How trustworthy was the pharmacist?

Would you recommend to a friend?

The site has shared ratings on other NHS providers with one PCT, Dr Bacon said. However, no data on

pharmacists will be passed on until a representative number of reviews have been submitted. Any pharmacy could be reviewed once the site launched, Dr Bacon confirmed.

The site has been heavily criticised by some GPs, who claim it provides a forum for malicious and potentially libellous comments. Dr Bacon said there had not been a single libel case since the site launched last year. "The world didn't end, the sky didn't fall in," he commented.

Dr Bacon also looked to reassure pharmacists over safeguards against deliberate abuse.

He said: "Potentially slanderous comments are flagged by our system... comments might be bad or good, but they're fair. Great pharmacists have nothing to worry about."

The site will not allow patients to leave several reviews of the same

pharmacy in a certain time period to avoid hate campaigns, Dr Bacon stressed.

Reviewers must also leave a legitimate email address before comments are uploaded.

Dr Bacon said: "Everybody has a few patients who aren't happy, but if they're disgruntled they're going to leave a comment somewhere. The site gives a balanced picture. And because the vast majority of people are fair the outstanding providers will shine though."

Iwantgreatcare.org has entered talks with national multiples over the site. Dr Bacon said he was keen to discuss opportunities with smaller pharmacy owners. To express an interest go to www.iwantgreatcare.org

To see a prototype version of the website go to: http://pharmacies. iwantgreatcare.com

#### Your views on the ratings site

question naire and most of our services a readited. The ones who are going to go to the lengths of leaving comments about you on a website tend to be up-et about link to service commissioning — it's not the best way to do it." Elaine Stevenson, Manor Purn cy, Wallington, Surrey

"Many pharmacies already use with a website of this nature would be that the views may not be representative." Melinda Setanoians, cluster manager, Lloydspharmacy, Glasgow

#### Guidance to ease stock shortages imminent

Guidance on the legal requirement for supply chain stakeholders to meet the needs of UK patients is expected to be published as soon as next week, C+D understands.

The move was a "step in the right direction" towards resolving the branded medicines stock homages affecting the UK, one anior source said.

The guidance would be endorsed by a range of supply chain

stakeholders, who were all now "on the same page", he added.

The guidance comes as part of ongoing discussions between organisations including PSNC, the Department of Health, the British Association of Pharmaceutical Wholesalers and the Association of the British Pharmaceutical Industry.

The negotiations followed rows over whether pharmacists

exporting medicines or manufacturers applying quotes were to blame for shortages.

But the discussions had proved constructive, with all stakeholders in agreement on the new guidance, the source told C+D. He added: "We hope the guidance is one more piece of the jigsaw and that it will ensure UK patients are put first."

C+D understands that talks will be ongoing and other strategies to

resolve the shortages might still be investigated.

A DH spokesperson confirmed the department was working on joint guidance on the duties of marketing authorisation holders to ensure continued supplies to pharmacies, so that patient needs were met.

The document was expected to be published "shortly", the spokesperson added. **ZS** 

# Representative locum group gets GPhC backing

A formal organisation would benefit locums, says chairman

**Chris Chapman** 

cchapman@cmpmedica.com

Locums should have their own organisation to represent them on crucial issues, the chairman designate of the General Pharmaceutical Council (GPhC) has said.

The news came as locums debated plans to form a splinter representative body instead of joining the new professional leadership body next April.

In a letter to online forum LocumVoice, GPhC chairman designate Bob Nicholls said: "Locums themselves would benefit from more formal organisation in order to make their voices heard. As a diffuse group in a crowded and vocal pharmacy field, there is always the danger that the locum point of view will struggle for a hearing."

The regulator would need to "think out of the box" to engage with locum pharmacists, and was "most anxious" that their opinions were not lost in the crowd, Mr Nicholls added.

LocumVoice founder Lindsey

Gilpin said she believed the locum group of the PDA Union could fulfil a role representing her colleagues. The PDA group had been "working its socks off" to deal with the implications of the responsible pharmacist, but it was time to "get a little more active", she added.

However, other locums, led by Yorkshire pharmacist Steve Hadley, are proposing to form a breakaway organisation to represent locum pharmacists. Speaking to C+D, Mr Hadley said the group was still in its formative stages but a meeting of interested locums was being planned.

"Locums have a poor image and frequently get a bad press, and an association of locum pharmacists could go some way to remedy this," Mr Hadley added.

A spokesperson for the RPSGB said the professional leadership body was "very keen to represent all aspects of pharmacy", including locums. When asked if the Society would support a separate group representing locums, the spokesperson said it was "not appropriate" to comment.



Bob Nicholls: more formal organisation would ensure locums' voices were heard

The GPhC's council designate spent its first meeting last week being briefed on pharmacy regulation changes by steering group PROLOG. Mr Nicholls said the meeting marked "the start of the final countdown towards the opening of the new regulatory body".

#### **Pharmacy Question Time**

C+D has been invited to submit a question to a live debate between health representatives of the three main political parties. The Community Pharmacy Question Time event, organised by PSNC, will take place at the end of this month. Email your suggestions for questions, by November 20, to <a href="mailto:jrichardson@cmpmedica.com">jrichardson@cmpmedica.com</a>

#### **NCSO** endorsements

The Department of Health and National Assembly for Wales have agreed to allow the following NCSO endorsements for November prescriptions: cimetidine 200mg tablets; cimetidine 400mg tablets; nizatidine 150mg capsules; alimemazine 10mg tablets; ciprofibrate 100mg tablets; pericyazine 10mg tablets; pericyazine 2.5mg tablets; pseudoephedrine 60mg tablets; and allopurinol 100mg tablets

#### Society and GP inquiry

The RPSGB and Royal College of General Practitioners (RCGP) have joined forces to examine how pharmacists and doctors can work together. The inquiry, which is expected to report in February 2010, will offer guidance on how healthcare services can be delivered in the future.

#### Faulty cancer kits

Patients who may have used batch 1012 Simplicity Health or Fortel prostate cancer testing kits in the past 12 months should be advised to contact their GPs, as the kits could give false negative results. Pharmacists have been advised to discard this stock and contact their supplier for replacement product.

#### Minister backs group

Welsh health and social services minister Edwina Hart has backed a strategy group set up to revamp pharmacy services in Wales. Her comments came as the Welsh Assembly Government ruled that pharmacies will be exempt from the requirement to charge customers for plastic bags, for those used to supply medicines.

# Lloydspharmacy offers incentives for NI pharmacists to relocate

Lloydspharmacy is offering free flights and temporary accommodation to Northern Ireland (NI) pharmacists considering relocating to UK areas with pharmacist shortages.

NI pharmacists prepared to move to one of seven such areas (Stoke, Lancashire, Norfolk, Suffolk, Devon, North Wales and the Isle of Man) will be offered the flights and two nights' accommodation for a preliminary visit, the multiple announced this week.

They will also have the opportunity of a six month "interim" contract to try out the relocation, with subsidised accommodation and flights. Those taking a permanent contract will be offered "financial relocation assistance".

The incentives were designed to

tap into "a surplus of talented pharmacists in Ireland", said Lloydspharmacy head of capability Barbara Sutherland. The company is planning a recruitment event in Belfast in January.

Lloydspharmacy revealed a recruitment drive this summer designed to reduce reliance on locums.

Since relocating from NI to north Wales in September, Chris Maguire has persuaded a further seven of his countrymen to follow him.

"It's one of the best things I've ever done," he told C+D, and advised other NI pharmacists considering relocation: "If you want the work and you need the work there are a lot more opportunities across the water than in NI and it's a better way to progress your career." JR



Keeping error repords is critical eays Jordal on wo on in his latest ruleablog

win, the internal line of the gg) to a city in pro-

#### Drug alert: Abraxane

Abraxis BioScience is recalling all remaining stock of Abraxane Smg/ml powder for suspension for infusion (batch number 405693A) as a precaution due to particulate matter found in other batches of Abraxane made in the same time period.

#### MURs take on the WI

The NPA is arranging for local pharmacists to address Women's Institute (WI) Federation meetings. The speakers will inform WI members of the medicines use review service.

#### **Drugs sentence**

A 41-year-old man has received an eight month prison sentence, suspended for two years, for selling controlled and counterfeit drugs. Harish Gami was convicted after the MHRA seized over 86,000 Valium tablets and 11,500 other medicinal products from his house in Aylesbury.

#### Interim UKCPA chair

Former UKCPA chair Helena Hodges (2004-06) has agreed to step back into the role for the interim period between the departure of current post-holder Catherine Duggan in January and the elections in May that will choose a replacement.

www.chemistanddruggist.co.uk

#### **Veterinary pharmacy**

The RPSGB Veterinary Pharmacy Education Programme (VPEP) is to be accredited by Harper Adams University College. The Telford college will support the VPEP course, which features two certificates and a diploma in veterinary pharmacy, and is seeking to offer a Masters degree in Veterinary Pharmacy from Summer 2010.

www.vpep.net

#### Self-managing diabetes

A Charity Diabetes UK report is highlighting the self-management of people with diabetes. Timed to coincide with World Diabetes Day on November 14, the report outlines the support required by patients with diabetes to manage their condition.

www.diabetes.org.uk

# Ministerial praise for sector's role in swine flu

Health minister highlights important role of pharmacy in pandemic

Zoe Smeaton zsmeaton@cmpmedica.com

Community pharmacy has received a ministerial "thank you" for the role it has played in helping to tackle the swine flu pandemic.

Many pharmacies are now acting as swine flu distribution centres, and health minister Mike O'Brien said: "I'd like to say congratulations and thank you for your support in relation to swine flu." Nowhere had the expanded role of pharmacists been made clearer than in "the immediate response and contribution that pharmacists have made to the challenges posed by swine flu", he added.

Speaking at the launch of the NPA's Ask Your Pharmacist Week, Mr O'Brien also said he expected to see some community pharmacists playing a role in the vaccination programme that is on its way.

And in providing health



Community pharmacists could play a pivotal role in the forthcoming vaccination programme

information to patients, pharmacists would be an essential part of a comprehensive health-promoting NHS, he added.

Barbara Parsons, head of pharmacy practice at PSNC, said she was delighted that the sector's hard work had been recognised. In recent months yet more pharmacies across England had started acting as Tamiflu distribution centres, she added. "It's good to see it being recognised that pharmacy has dug deep and helped out."

The launch of Ask Your Pharmacist Week was hosted by shadow health minister Mark Simmonds at the Houses of Parliament, and the NPA said it had led to "a lot of interest" from MPs wanting to visit local pharmacies.

During Ask Your Pharmacist Week the NPA promoted seven services currently available from community pharmacies.

Members were invited to download posters and documents to help them encourage patients to "ask their pharmacists" and promote the week locally. Go to www.askyourpharmacist.co.uk

C+D goes on the front line at the St Pancras Tamiflu distribution centre. See p27

# Graduate pharmacist numbers on the rise

The number of graduates working as pharmacists has increased, as students turn to healthcare with the rise in unemployment.

A survey published by the Higher Education Careers Service Unit (HECSU) this week revealed a 4 per cent rise in the number of 2008 university leavers working as pharmacists six months after graduation, compared to 2007 graduates.

HECSU attributed an overall increase in graduates entering healthcare to the recession and rising graduate unemployment.

The latest university figures appear to back the trend, with admissions service UCAS reporting that applications for pharmacy courses were up 14 per cent for the 2009 intake.

The rise in school leavers competing for places on pharmacy courses meant the recruitment market for the profession was now employer-led, universities said, with employers able to choose from an increasing pool of high calibre graduates.

At Bath University, almost 800 school leavers applied for 125 places on its 2009 MPharm course, a spokesperson said, and all but 12 got AAB or better at A level. A spokesperson for Aston University said they had easily filled the 160 places for its MPharm course.

Keith Wilson, deputy dean of Aston University's School of Life and Health Sciences, said: "Graduates now have to compete to get their pre-registration post – that has been a big change from five years ago." FR/JR

Unsure about how to appraise staff?

See p29

#### No Boxing Day off for contractors

Some pharmacies in England could be forced by their PCT to open on Boxing Day this year.

December 26 is a Saturday but the official bank holiday is Monday 28. Pharmacies whose core contractual hours include Saturdays would therefore need to open on Boxing Day unless they applied to the PCT to amend their hours.

But PCTs could refuse to do this and insiders warned many pharmacies might be forced to open. A London PCT employee told C+D that colleagues in other areas had been "rubbing their hands with glee" when they discovered they could enforce the openings.

PSNC head of regulation Steve Lutener confirmed some applications to amend hours had been refused, but said these were eligible for appeal. He added: "We have been encouraging pharmacies to consider whether they wish to open or close, and take steps to apply to or notify the PCT." ZS COUNTERFEIT MEDICINE. SOMEONE IS MAKING A KILLING.

GET REAL. GET A PRESCRIPTION













Royal Pharmaceutical Society

CA623b. Date of Preparation, September

#### ensary alk

How much extra red tape have you had to deal with under RP?



"It seems like extra paperwork. Signing off bits and pieces... it's a pain, to be honest."

Bobby Mehta, Rowlands Pharmacy, Farnham



"A lot. The actual form of signing who's in hasn't been too bad, but we've had to completely redo a load of SOPs. So on an operational daily management basis, it's a lot."

Graham Phillips, Manor Pharmacy, Hertfordshire

#### Web verdict

Less red tape 0%

About the same 2%

A little more 58%

A lot more 40%

Armchair view: In a sector already weighed down by workplace pressures, responsible pharmacist has added another bundle of papers to pharmacists' daily workload.

Next week's question:

Do you back a website allowing patients to rate your pharmacy? Vote at

www.chemistanddruggist.co.uk

# Pharmacy cleared of unethical drug sale

Supply of homeopathic swine flu medicine found not to breach regs

Chris Chapman

cchapman@cmpmedica.com

A pharmacy investigated by the RPSGB for selling a homeopathic swine flu medicine is in the clear after it was found the supply was not made by a pharmacist.

Ainsworths Pharmacy in Westminster was referred to the RPSGB on ethical grounds by the MHRA in August, after the medicines watchdog ruled sale of the remedy did not breach any medicines legislation.

Society chief inspector Sarah Billington said the case had been closed after it was determined a non-pharmacist had made the sale.

She said: "The supply referred to in the incident was made by a non-registrant and on that basis the case was closed."

"The Society's inspector visited the pharmacy and was satisfied there were clear and appropriate procedures in place for the supply of swine flu treatments," Ms Billington added.

Ainsworths' MD Tony Pinkus was unable to comment before C+D



SFF treatment that sparked referral

went to press. Mr Pinkus previously told C+D the medicine offered "freedom of choice" for patients, and that he did not believe the pharmacy was going against government guidance.

The medicine, labelled SFF – Swine Flu Formula Treatment, was available on request, but not directly advertised, Mr Pinkus said.

The case was initially referred to the MHRA by The Sunday Telegraph newspaper.

#### Swine flu cases continue to rise

Reported cases of swine flu in England are up 8 per cent, the Health Protection Agency has said.

According to November 1 figures, there were an estimated 84,000 new cases of swine flu in England, with around 850 patients hospitalised with the condition.

More than 621,000 patients are estimated to have contracted the H1N1 virus in England since the outbreak began.

GP consultation rates for flulike illness remain above the baseline for seasonal flu, but fell slightly from 42.8 per 100,000 to 37.7 per 100,000 compared with the previous week. **CC** 

What is it like on the swine flu front line?

See p27

# Disciplinary panel puts sanctions on pharmacist who made errors

A pharmacist who made four dispensing errors in three months must face stringent re-examination if she wants to return to practise.

Lynn Margaret Hill, of Scarborough, will have to satisfy safeguards including spot checks on her dispensing procedure, an RPSGB disciplinary meeting ruled.

Other sanctions include passing a return to practise course and providing evidence of error and near miss logs. The measures come despite Mrs Hill's decision to retire as a practising pharmacist in October 2006.

She quit following multiple dispensing errors at Scarborough Pharmacy, Scarborough, between December 2005 and February 2006.

Errors included dispensing 30mg instead of 20mg paroxetine tablets

and supplying 15mg meloxicam tablets instead of 7.5mg.

Mrs Hill said she had not been sleeping properly at the time of the errors, but did not accept this caused the incidents, the panel was told. She admitted failing to complete near miss forms and only filling in one dispensing incident report after the errors.

Mrs Hill said she had apologised to most patients affected by the errors. But a Society inspector had received a statement from one customer angered by not receiving an apology, the meeting was told.

Mrs Hill did not appear at the disciplinary meeting and was not represented. She had earlier accepted her fitness to practise is currently impaired and is on

the non-practising register.

Under the RPSGB disciplinary panel ruling, should she decide to return, Mrs Hill must:

notify the Society she wishes to return to practise

pass a return to practise course demonstrate an up to date CPD

points record

comply with monthly spot checks from a Society inspector on her dispensing procedures for six months, including providing evidence of error and near miss logs

satisfy a review of her practise at the end of this six month period by the RPSGB inspector

never work as sole pharmacy owner or superintendent.

The conditions apply for three years. **MG** 

# ATERONON

Inhibits oxidation of LDL cholesterol by up to 90%\*

**ATERONON** 7 mg bioavailable lycopene 30 capsules Cambridge Theranostics Sky News, The Times Daily Mail and other leading media.

#### ATERONON | reduces LDL cholesterol oxidation 1.2 1.0 0.8 0.6 0.2 6 weeks 8 weeks

#### What is ATERONON™?

The beneficial ingredient in ATERONON™ is lycopene, an important antioxidant found in the Mediterranean diet. In the form found in tomatoes and some other supplements, the large crystals of lycopene make it difficult for the human body to absorb.

After extensive research and clinical trials, ATERONON™'s patented formulation has been shown to solve this problem. ATERONON™ contains bioavailable lycopene, so the body can easily absorb and benefit from this proven antioxidant.

#### What does ATERONON™do?

ATERONON™ has been shown to inhibit LDL cholesterol oxidation by up to 90% after 2 months of daily use.

The inhibition of LDL cholesterol oxidation helps to prevent a key step in the development and build-up of plaque in our arteries. A build-up of plaque leaves a narrower space for blood to flow to all areas of the body. This process typically starts from our late teens and continues throughout our lives, often leading to a number of health issues.

#### Why is ATERONON™ different?

- ATERONON™ is the only lycopenebased supplement shown to inhibit LDL cholesterol oxidation
- ATERONON™ is a food supplement and can be taken alongside prescription medication
- ATERONON™ is naturally sourced and has no known side effects when taken as directed
- ATERONON™ is a breakthrough in offering support to help keep our hearts and arteries healthy

For more information visit www.ateronon.com

#### RP procedures: 'banality enshrined in law'

Yet again we have been bombarded by another salvo of regulations, procedures, standards and guidelines: this time in the name of the "responsible pharmacist".

Under this legislation, the responsible pharmacist is accountable for securing the safe and effective running of the registered pharmacy at all times, including those when there is no pharmacist on the premises. The sale and supply of medicines fall within this remit.

In the legitimate absence of the responsible pharmacist, the sale and supply of P and POM medicines, and the dispensing of NHS prescriptions, are not permitted. In other words, the provision of core pharmaceutical services is severely curtailed and the intended purpose of the pharmacy is not met. This cannot, by any stretch of the imagination, be described as running effectively. Nor does it satisfy the first principle of the Code of Ethics: that the care of the patient is made the first concern.

THE LEGISLATORS
DO NOT PLACE
TRUST IN THE
PEOPLE ON THE
GROUND 9

Furthermore, the volume of dispensing in the average community pharmacy is high. It has risen consistently over recent years and shows no sign of easing. Hence, the workload is heavy and demanding.

Whether these demands arise from QOF¹ induced polypharmacy, increased patient counselling, new roles, bureaucratic micromanagement, corporate power or an endemic culture of incompetence, is arguable. However, the reality is not: today's average

pharmacy is a high-pressured environment with very little respite. Under these circumstances, one might reasonably claim that to leave a pharmacy without a pharmacist is an act of irresponsibility.

These regulations were ill-conceived, prematurely delivered and the creation of bodies that are detached from reality. The "personal control" requirements of the Medicine Act 1968, prior to October 1, 2009, may have given rise to the GSL medicines anomaly, but they were, at least, simple and straightforward in their operation. In contrast, the new rules are underpinned by a gamut of detailed procedures that describe the running of a pharmacy.

These procedures are, for the most part, simple routines that follow a natural and sensible progression, akin to describing, say, how you would get dressed in the morning. Though, I do not think that you would take kindly to being reminded to put your underwear on

first. But this is not to be taken lightly: this exercise in banality is enshrined in law. It is not about the quality of the content of the procedures but about accountability, or more accurately, when a mishap occurs, the determination of liability.

The reason why we have been subjected to this absurd level of micromanagement is quite simply that the legislators do not place trust in the people on the ground. In the Reith Lectures of 2002 entitled A Question of Trust, Onora O'Neill, professor of philosophy at Cambridge University, stated that: "Central planning may have failed in the Soviet Union but it is alive and well in Britain today. The new accountability culture aims at ever more administrative control of institutional and professional life."

Peter Armstrong MRPharmS, proprietor, Gilbert & Armstrong Pharmacy, Whitwell, Worksop, Nottinghamshire

1. Quality and Outcomes
Framework: Department of Health

#### Looking to a universal SOP

I was very pleased to read your article, C+D Senate calls for universal SOP to solve practical challenges of RP (C+D, October 31, p5), as this is also work that the English Pharmacy Board is undertaking. It is very rewarding to see the concept finding wider acceptance and we would look forward to working with the C+D

Senate members and others as soon as possible to achieve an outcome which I, as a locum, understand would be so helpful. Heidi Wright at the RPSGB would welcome contact from interested parties; email her at Heidi.Wright@rpsbg.org.

Lindsey Gilpin English Pharmacy Board

#### Contact us



Please email us with your letters including your name, address and contact number to: haveyoursay@cmpmedica.com



Or write to the Editor at: C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. Letters may be edited for content and length





# IT'S HEAR!

The first combination ear wax removal kit

New Otex Express Combi Pack. Be clear to hear in two easy steps:

STEP 1: Disperse wax with Otex Express clinically proven ear drops STEP 2: Cleanse with gentle easy-to-use syringe

Best-selling\* Otex on TV throughout 2009.

Order from your Dendron representative or wholesaler
PIP code: 345-3305. "Source: IMS volume and value sales

Otex



## Nothing More POWERFUL for Mucus Cough

Thins and Loosens Chest Mucus



#### Benylin Mucus Cough Product Information:

Presentation: Red syrup containing 100 mg Guaifenesin and 1.1 mg Levomenthol per 5 ml. Uses: Symptomatic relief of cough. Dosage: Adults and children over 12 years: 10 mł four times daily. Children under 12 years: contraindicated. Contraindications: Known hypersensitivity to ingredients. Children under the age of 12 years. Precautions: Do not use in persistent or chronic cough, e.g. asthma, or cough accompanied by excessive secretions; caution in severe renal or hepatic impairment. Pregnancy and Lactation: Consult doctor before use. Side effects: Very rare. RRP (ex-VAT): 150ml £4.34 Legal category: GSL. PL Holder: McNeil Products Ltd, Foundation Park, Maidenhead, Berks, SL6 3UG. PL No: 15513/0056. Date of prep: June 2009

#### Benylin Mucus Cough Night Product Information:

Presentation: Red syrup containing 100 mg Guaifenesin, 1.1 mg Levomenthol and 14mg Diphenhydramine per 5 ml. Uses: Night-time relief of cough, associated congestive symptoms and aiding restful sleep. Dosage: Adults, the elderly and children over 12 years: 10ml at bedtime followed by 10ml every 6 hours. Do not take more than 20ml in 24 hours. Children under 12 years: contraindicated. Contraindications: Known hypersensitivity to ingredients. Not

for use in patients taking, or who have taken in the last 2 weeks, MAOIs. Children under the age of 12 years. Precautions: Do not use in persistent or chronic cough, e.g. asthma, or cough accompanied by excessive secretions, unless directed by a doctor; caution in moderate to severe renal or hepatic impairment, and in narrow-angle glaucoma or prostatic hypertrophy. Avoid alcohol. Diphenhydramine may potentiate effects of alcohol, codeine, antihistamines, other CNS depressants, and may potentiate effects of anticholinergics e.g. psychotropic drugs and atropine. Pregnancy and Lactation: Consult doctor before use. Side effects: Diphenhydramine may cause drowsiness, dizziness, gastrointestinal disturbance, dry mouth and throat, difficulty in urination or blurred vision. Less frequently it may cause palpitations, tremor, convulsions or paraesthesia. Hypersensitivity reactions have been reported. in particular, skin rashes, erythema, urticaria and angioedema. Gastrointestinal discomfort,

nausea and vomiting have been reported with guaifenesin, particularly in large doses. RRP (ex-VAT): 150ml £4.34 **Legal category:** P. **PL Holder:** McNeil Products Ltd, Foundation Park, Maidenhead, Berks, SL6 3UG. PL No: 15513/0050. Date of prep: June 2009



### GPhC: your new flexible friend?

With the GPhC consulting on the standards it will set for its members, council member Kirstie Hepburn tells **Max Gosney** what the proposals could mean in practice

When the makers of a new energy drink want to prove its prowess they could do worse than turn to government pharmacy consultations. Reading through the 100-page tomes of recent times has stretched endurance to new levels. It's no wonder busy pharmacists choose to stay away in droves. But, the latest consultation is different, say its creators.

It sets out the proposed standards you'll have to meet under the new General Pharmaceutical Council (GPhC) – the regulator for all pharmacists from next April. Get involved now and you can still point out and change what you perceive as unfair, says future GPhC council member Kirstie Hepburn. Turn a blind eye and it could be too late.

"It's their future, it's their profession," says Ms Hepburn, also a community pharmacist. "The ostrich approach has not proven to be successful in the past. If you do so you lose your opportunity to influence. It's no good saying this isn't right later on when you've been consulted and didn't respond."

As consultations go, the GPhC standards is compact and easy to digest. Weighing in at just over 20 pages, it's an iPod nano compared to the sprawling hi fi system that is the pharmacy white paper.

But if that's still too much for you then here are some of the key proposals: P meds could be made available for self-selection; religious views will not be an acceptable



Kirstie Hepburn: "It's no good saying this isn't right later on when you've been consulted and didn't respond"



The GPhC pledges to establish a "flexible, supportive" regulator

excuse for not supplying EHC; pharmacies could have to meet minimum standards of privacy for patients; and medicines will have to be disposed of according to government standards.

The proposals remain broad and are far from decided, says Ms
Hepburn. "It's not set in stone.
We've asked people questions on these points and they come from the debates we've had within workshops with the professions." This inclusive approach will carry from the consultation through to the regulatory style of the GPhC, according to Ms Hepburn. She is keen to reinforce the buzzwords around the new regulator – "flexible, supportive and proportionate".

Grassroots pharmacists will hope that Ms Hepburn and her GPhC colleagues are true to their word. Many have been openly critical of the RPSGB's regulatory style and would surely savour a more collaborative approach. It is something Ms Hepburn, a regional director for Lloydspharmacy and 13 years a community pharmacist, has empathy towards. "Community pharmacists can feel isolated. You can feel like a profession working on your own. Something those people would benefit from is

feeling part of a constructive body."

But Ms Hepburn is also quick to praise the regulatory record of her predecessors at the Society. She says: "We're building on the firm foundations that have been developed. It's important we don't forget all of their good work." Indeed it might be difficult to do so as many of the existing RPSGB regulatory staff will move across to become part of the new GPhC.

The regulator will also begin life at Lambeth, the home of its predecessor, which means the GPhC will have to work hard to show there has been a clean break with the RPSGB's regulatory functions.

But Ms Hepburn is unfazed. The difference between old and new may not be obvious at first, but pharmacists will see the change, she says. "There will be a different culture in the future that will allow flexibility, be supportive and progressive. I don't see it being a big bang moment; it will be development over time."

And central to that culture will be

a duty to the public, explains Ms Hepburn. The GPhC will have more lay members on its council than pharmacists. Its chief executive and chairman are both from outside the profession in line with its raison d'être to bring greater impartiality to the regulation of pharmacists. That's not going to change expectations if you are a conscientious professional, says Ms Hepburn. "The public wants to know the service they receive in a pharmacy is up to a certain level. If one member of the profession acts badly it changes the public's perception of the whole profession."

So all eyes are now on next April and whether the GPhC can deliver on its promise of being your flexible friend. But if you've got something to say about what's being proposed then don't wait until then, Ms Hepburn stresses: "I hope that this article will get pharmacists to engage. Now is the time to get involved and say what you want to say." Take a chance on consternation tomorrow or check out the consultation today – the choice is yours.

Don't miss the chance to have your say. Check out the proposals for the new pharmacy body

www.chre.org.uk/consultation/175



#### Not big. But very clever.



Pack shown actual size

NiQuitin® Minis release their full dose of therapeutic nicotine how many times faster than Nicorette gum?\*

• A: Minis are slower

C: Twice as fast

- B: They are the same
- D: 3 times faster

**NEW** small NiQuitin® 4mg Minis provide fast craving relief within minutes, 1.2 and are designed especially for those smokers who know they should quit, but want to do it at their own pace.

Make a clever choice and recommend NiQuitin® Minis to help them quit one cigarette at a time.

#### Help them quit one cigarette at a time

NiQuitin Minis Mint 1.5mg/4mg Lozenges (nicotine). Indication: smoking cessation. Dosage: Adults (18 and over): Max 15/day. One lozenge whenever urge to smoke to aid complete cessation (taper use after 6 weeks) or gradual cessation (seek advice if no reduction after 6 weeks or no abrupt attempt after 6 months). Use 1.5mg strength if smoke ≤20/day. Adolescents (12-17 years): Abrupt cessation only. Dosing as for adults but seek professional advice if >12 weeks treatment required/unable to quit abruptly. Contraindications: Hypersensitivity, non-smokers, children under 12 years. Precautions: Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma. Swallowed nicotine may exacerbate oesophagitis,

gastric/peptic ulcer. Pregnancy/lactation: For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. **Side effects:** At recommended doses, NiQuitin Mini Lozenges have not been found to cause any serious adverse effects. Nausea, hiccup, flatulence, Gl discomfort, vomiting, diarrhoea, dyspepsia, fatigue, malaise, chest pain, oral irritation, dizziness, headache, sleep disorders including abnormal dreams, anxiety, irritability, nervousness, depression, palpitations, increased heart rate, cough, sore throat, rash. See SPC for full details. [GSL] PL00079/0610, 0611. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and RSP:** 20's £4.99, 60's £13.99. **Date of preparation:** June 2009. **NiQuitin®, NiQuitin® Minis** and the **Minis Device** are trademarks of the GlaxoSmithKline group of companies.

References: 1. Durcan MJ et al. Efficacy of the nicotine lozenge in cueprovoked cravings. 66th Annual Meeting of College on Problems of Drug Dependence; San Juan, P.R., 2004. 2. GSK data on file.



GlaxoSmithKline Consumer Healthcare



<sup>\*</sup>Speed of release in the mouth does not imply speed of craving relief

#### Corsodyl is back on TV

Corsodyl will return to TV screens for two weeks from November 16 in an advertising burst designed to raise awareness of gum disease.



Featuring an attractive woman with an unsightly gap in her teeth, the advertising focuses on Corsodyl Mint Mouthwash but also highlights Corsodyl Daily Gum & Tooth Paste, introduced earlier this year.

GlaxoSmithKline's £5 million marketing spend for the brand this year includes an informative website, www.gumsmart.co.uk

GlaxoSmithKline Consumer Healthcare Tel: 0845 762 6637 www.mypharmassist.co.uk

#### Fresh appeal for Juvela New lubricant gluten-free range

Juvela plans to roll out new packaging across its entire glutenfree range over the next few months.

ordered from a new online ordering service at www.juvela.co.uk using the same account number and pin code set up for the

telephone ordering service.

The look is designed to help customers to easily distinguish between the white and fibre varieties **Pharmacists** within the range.

A lilac colour theme is used for the white varieties and light brown appears on the fibre varieties.

Juvela fresh bread can now be

can register with this ordering service by phoning a new bread order line on 0871 872 1872.

Juvela Tel: 0800 793 1992

#### launched in UK pharmacies

New to UK pharmacies is a lubricant gel developed by an Australian firm to assist couples trying to conceive.

Conceive Plus is a non-spermicidal lubricant formulated to imitate the body's own natural fluids without being detrimental to fertilisation.

The gel contains calcium and magnesium ions, which are claimed to increase sperm viability and keep cells as healthy as possible.

John-Michael Mancini, CEO of manufacturer Sasmar, says the product is designed to "match fertile cervical liquid and semen to create a conception-friendly environment that feels completely natural".

The manufacturer says the product is safe for daily use by both sexes and a small amount should be applied prior to or during intercourse.

Price: £14.99/75ml tube Forever Natural (RDUK) Tel: 01628 898410 www.conceiveplus.co.uk



"Thank you for getting my baby's medicine to us so quickly"

- Specials delivered to your pharmacy within 24-48 hours
- · Wide range of sterile and non-sterile dosage forms
- Expert advice 8am 5.30pm Monday-Friday. Place an order 24 hours a day, 7 days a week.
- · We use the expertise built up from being the premier Specials manufacturer for 70 years to meet the individual needs of you and your customers



SERVICE . QUALITY . TRUST

Call 0800 952 1010 or Click www.bcm-specials.co.uk

#### Sani+Hands boosted with new PoS

Nice-Pak is supporting its Sani+Hands antibacterial cleansing hand wipes with new point of sale material at a time when government advice stresses the importance of hand hygiene.

An eye catching A4 poster and shelf wobbler both highlight the product's claim to kill 99.9 per cent of bacteria and germs.

The alcohol-free wipes have an antibacterial formulation with a textured surface to enhance cleaning. The wipes also contain an added moisturiser and have been dermatologically tested.

"Wipes are a convenient way to



keep hands clean on the go, allowing people to go about their daily business without worrying about germs," says lan Anderson, marketing director at Nice-Pak.

He reports that the company has seen a sales uplift for the wipes on the back of swine flu fears.

Price: £1.39/12, 333-6617 Blue Ocean; tel: 01329 228240

See what's on TV

uk/prodnews

Actavis online course

Actavis has added a pharmacy training course to its e-learning website. Secrets of a Successful Pharmacy explains how to boost staff engagement to increase productivity and implement change, make the best use of the consultation area and engage with the public. It also covers tackling difficult and sensitive subjects with customers. The course is approved with the NPA training seal.

www.actavisacademy.co.uk

#### Hydromol launch

Alliance Pharmaceuticals has added Hydromol Intensive (10 per cent urea w/w) to its Hydromol range in 30g and 100g tubes. NHS prices and Pip codes: £1.64/30g, 348-4755; £4.37/100g, 348-1637 **Alliance Pharmaceuticals** Tel: 01249 705116

#### Winter promotion for Benylin's liquid assets

McNeil Products is supporting its recent launch of Benylin Mucus Cough and Mucus Cough Night with a £5.6 million marketing campaign this winter.

TV advertising will be on air until January for the two syrups, which are formulated to thin and loosen

chest mucus. Benylin Mucus Cough Night, which contains guaifenesin, levomenthol and diphenhydramine, is also designed to aid restful sleep.

Research shows that 62 per cent of people suffer from chest congestion and mucus build-up, according to McNeil Products.

Prices and Pip codes:

Benylin Mucus Cough £4.99/150ml, 346-6745; Benylin Mucus Cough Night £4.99/150ml, 346-7370 McNeil Products Tel: 01628 822222 www.benylin.co.uk



Golden Eye Antibiotic 1% w/w Chloramphenicol Eye Ointment Marketing Authorisation held by: Martindale Pharmaceuticals Ltd., 8ampton Road, Romford, RM3\_8UG\_Golden Eye Antibiotic 0.5% w/v Chloramphenicol Eye Drops Marketing Authorisation held by: Tubilux Pharma SpA, Via Costanca, 20/22 - 00040 Pomezia, Rome, Italy Distributed by: Tubilux Pharma Ltd., 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. Indications For the topical treatment of acute bacterial conjunctivitis Golden Eye 0.1% w/v Eye Drops Solution and Golden Eye 0.15% w/w Eye Ointment Marketing Authorisation held by: Typharm Limited, 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH Indications. For the treatment of minor eye or eyelid inlections, such as conjunctivitis and blepharitis. Legal Category: Purther prescribing information is available from Typharm Ltd.



#### Is it all change for aspirin the wonder drug?



6 I FEEL ASPIRIN MAY BE ON THE WRONG END OF A P TO POM switch 9

Prescriptions including 28 aspirin 75mg tablets dispersible plus 28 simvastatin 20mg tablets pass in front of my eyes more times a day than any other drug combination. And I usually have more packs of dispersible aspirin 75mg on my shelves than any other drug. But could this phenomenon be about to change?

As C+D highlighted last week, draft guidelines in Scotland don't recommend aspirin for primary prevention in diabetes patients, while the MHRA has issued a reminder to say that aspirin was not licensed for primary prevention of vascular events.

These little packs of salicylate have become so ubiquitous, and so easy to pack around everything else in the dispensing bag, that I often wonder whether they should be given away as a 'freebie' to everyone aged over 40. In fact, such a concept had been proposed by much greater minds than mine. Aspirin was mooted as an important ingredient in the 'polypill' that everyone of middle age and beyond should take to prevent

Now it looks as if 'preventative' aspirin could be as likely to put you in hospital with an ulcer or a bleed as it is to keep you out of the cardiac ward - could this once great cure-all be close to being

viewed as a medication only to be prescribed under specialist supervision?

Such a culture change will make it easier to convince patients that pots of 100 aspirin should not be scoffed like sweets, but I fear it may put aspirin on the wrong end of a P to POM switch.

I don't pretend to understand statistics but wonder why millions of people need to take a drug before anyone notices it's not as effective as was

Aspirin is apparently now "a drug with very small benefits and very small hazards", which just about balance each other out. I have apparently been dispensing dud advice on this drug for many years.

Perhaps price played a part in this. At less than a pound a month, this is a cheap drug therapy that maybe never warranted the sort of scrutiny that a new multi-billion pound blockbuster would attract

For my part, I stand to lose some of the most regular dispensing fees I earn. In exchange for this loss of earnings, I will provide an excellent advice service to every confused/upset/concerned patient who notices that something is missing from their dispensing bag.

#### Flu vaccination not hitting the target

As the cough and cold season begins, community pharmacies will be getting busier: dispensing scripts, selling over the counter medicine and offering advice. This year could be busier than ever, as swine flu numbers are again beginning to rise and look likely to increase further.

I am concerned that the swine flu vaccination programme is in confusion, with GP surgeries only receiving a small number of doses each and some practices having to wait a month for any doses to arrive.

I am also worried that the government's vaccination programme is not targeting all of the most high risk groups by excluding

Epidemiological data shows that the incidence and severity of swine flu is greater in the under 24 age group, yet they are not routinely being offered vaccination. I would like to see the government roll out a vaccination programme for

school children and college students within educational establishments.

Over a month after their implementation I am still regularly being contacted by pharmacists concerned about the implementation of the responsible pharmacist regulations. There continues to be confusion among pharmacists about how these regulations work on the ground, and the impact on people's businesses and working practices.

During health questions in the Commons last month I raised some of the pharmacists' concerns, particularly relating to whether a small pharmacy open the minimum 40 hours per week would be in breach of its NHS terms of service were the responsible pharmacist to be absent for two hours. Also, whether pharmacists failing to sign off would be in breach of the European Working Time Directive.

I was concerned by Mike O'Brien's reply, which failed to fully address

the pharmacists' concerns and said the regulations should be applied "flexibly" - which seems in direct contradiction to what is actually happening on the ground. I hope the government revisits these regulations and addresses any concerns as a matter of urgency.

On a more positive note, I was delighted to be able to host the Ask Your Pharmacist Week event at the House of Commons last week.

There was a good turn out by MPs from all parties, and it was an opportunity for MPs to learn about the services pharmacists can offer. I enjoyed meeting so many pharmacists and learning about the additional services they offer in their pharmacies.

commissioned to offer these innovative services, which are extremely beneficial to patients. Mark Simmonds is Conservative shadow health minister with

responsibility for pharmacy

I would like more pharmacists



6 I AM STILL REGULARLY CONTACTED BY **PHARMACISTS** CONCERNED ABOUT THE RP regulations 9

# Supporting Success in community pharmacy Now that's a good idea

# Discover the opportunities of a healthy partnership™

As part of Pfizer's a healthy partnership\*\* programme, we've been listening to you, the community healthcare experts. We want to make sure that the support and development training we provide meets your needs, and helps you and your business to succeed.

The 'soft skills' you will learn from our free MUR workshops will help you build even stronger relationships with your patients, earning their trust and loyalty by providing them with excellent advice. We think this can only be a good idea.





Listening to pharmacy





#### Buying medicines on line can be a real danger We're helping patients smell a rat

As part of Pfizer's a healthy partnership<sup>™</sup> programme, we've been listening. We know you want to protect patient safety, so do we.

Our Get Real, Get a Prescription campaign educates people about the dangers of counterfeit medicines and the hazards of buying prescription-only medicine without a prescription from unregulated, online sources. The campaign includes outdoor, online and a hard-hitting commercial.

This campaign is supported by the MHRA, the Patients Association, Royal Pharmaceutical Society of Great Britain and the Nation's Cholesterol Charity, H.E.A.R.T.

We want patients to know that the only safe way to obtain medicines is through a registered pharmacist. We have materials you can use with your patients to help them sniff out the dangers - just email us on ahealthypartnership@pfizer.com.

Or to find out more about the Real Danger initiative visit: www.realdanger.co.uk









# They're back!

Entry will soon be open for the C+D Awards

Register below for more information or go to

www.chemistanddruggist co.uk/awards

#### YES, PLEASE SEND ME:

- ☐ An entry form when available
- entry forms for me to distribute to my staff
- ☐ Details of tickets for the evening
- Information on sponsorship opportunities

Name

Company

Address

Telephone

**Email** 

Please cut out this page and return the completed form to: Emily Miles, Marketing Manager, C+D, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE. Fax: 01732 377018 or go to www.chemistanddruggist.co.uk/awards

In association with

National Pharmacy Association

# Tired of taking the same route?



Let C+D jabs provide an effective alternative

Www.chemistanddruggistjobs.co.uk

14.11.09

# Features

#### **Update: Substance abuse**

How to ensure prescriptions for treating substance abuse are legal



A terminally ill patient requires more effective pain relief. What can you advise for worsening pain?

#### Chlamydia

The NPA's chlamydia screening service has met with great success in London

#### Swine flu front line

What it's like working on the front line of a pandemic at Boots' St Pancras Tamiflu distribution point

#### Jobs

Staff appraisals – love them or loathe them, they're a fact of life. How do you get the most out of them?











# Swine Flu? High quality, low cost thermometers from Medical GmbH

Who better?



# temperatur fast as 1

Domotherm





omotherm

Digital Thermometer



Digital fever thermometer



sec

ÜEBE













# e results as second!

1 sec

Free
With every
Domotherm
Domotherm
Purchase

#### **ÜEBE**

40 Hygiene-Schutzhüllen

für digitale Infrarot -Ohr-Thermometer

Schutzhüllen

Domotherm

## ÜEBE

Digitales Infrarot-Ohr-Thermometer



# 出







Domotherm®



o mote



*Domotherm* 

#### PRICE INFORMATION

Code	Product Description	RRP	Case	Quantity	Trade	POR
UB149	Domotherm Digital Thermometer - 60 Seconds	£3.99	10	1	£24.30	30%
UB149	Domotherm Digital Thermometer - 60 Seconds	£3.99	10	5	£23.25	33%
UB149	Domotherm Digital Thermometer - 60 Seconds	£3.99	10	10	£22.50	36%
UB309	Domotherm Rapid Thermometer - 30 Seconds	£4.99	1	1	£3.19	27%
UB309	Domotherm Rapid Thermometer - 30 Seconds	£4.99	1	25	£3.10	29%
UB309	Domotherm Rapid Thermometer - 30 Seconds	£4.99	1	50	£3.00	31%
UB606	Domotherm 0T Thermometer - 1 Second PLUS Free of charge Ear Cover worth £5.99	£24.99	1	1	£15.95	41%
UB606	Domotherm 0T Thermometer - 1 Second PLUS Free of charge Ear Cover worth £5.99	£24.99	1	10	£14.95	45%
UB606	Domotherm 0T Thermometer - 1 Second PLUS Free of charge Ear Cover worth £5.99	£24.99	1	20	£13.95	48%





#### **BR PHARMACEUTICALS LTD**

Clayton Wood Close, Leeds, LS16 6QE, UK Tel: 44 (0)113 275 0000 Fax: 44 (0)113 275 0055

Email: info@brpharmaceuticals.co.uk

www.brpharmaceuticals.co.uk

Voor Week to EV transmission amon

# Scripts in substance abuse

This article covers nine important legal questions

In this area of practice it is important to have

detailed SOPs in place, and to keep up to date with

changes via the RPSGB's law and ethics bulletins.

frequently asked by pharmacists in relation to

dispensing methadone and buprenorphine.

#### Top tips to ensure prescriptions in substance abuse are legal

Nazmeen Khideja MRPharmS



The Misuse of Drugs Regulations 2001 and amendments classify controlled drugs (CDs) into schedules for the purpose of obtaining, possession and supply against prescriptions and requisitions.

Methadone, a synthetic opioid agonist, is a schedule 2 drug (CD POM) used for methadone maintenance replacement (MMT). Buprenorphine, a partial opioid agonist, is a schedule 3 drug (CD No Register POM), used in opioid substitution. <sup>1,2,3,4,5</sup>

In England, all instalment prescribing for methadone and buprenorphine is on an FP10 (MDA) prescription, which can be issued by drug treatment centres or by GPs working under shared-care agreements for substance misuse.

There are four variations of this form: FP10 (MDA)-S: issued by GPs.

FP10 (MDA)-SS: computer-generated by GPs, hospital prescribers and supplementary prescribers.

FP10 (MDA)-SP: handwritten by supplementary prescribers.

FP10H (MDA)-S: issued by hospital prescribers. Forms 1 and 2 are the most commonly seen in community pharmacy and will just be referred to as FP10 (MDA) for the remainder of this article. (Details for Scotland and Wales are in reference 2.)

The following are frequently asked questions about CD supply.

The prescription can be computer generated in indelible ink, including the date, but the prescriber's signature must be hand-written. The details required on prescriptions for schedule 2 and 3 CDs (apart from temazepam) on FP10 (MDA) and FP10 are listed below: 1, 2, 3, 4

Where there is no fixed abode, NFA is acceptable because substance misusers have complicated social problems with housing issues. Prescriptions with

addressographs (sticky address labels) are acceptable as long as they are tamper proof. is required only if the

patient is under 12.

(eg 60ml daily, 8mg sublingually daily). 'As directed' is not acceptable; the dose and the interval of dispensing must be clear.

(tablets, mixture). Sugar-free and original methadone cannot be interchanged.

where there is more than one available. For example, it is not acceptable to write 'methadone' as there are 1mg/ml and 10mg/ml formulations, and both are used in substance misuse.

must be specified, but the number of instalments does not have to be stated. The intervals and total quantity suffice.

must be written in words and figures. If the words or figures are missing the pharmacist may add one or the other but not both. No more than 14 days of treatment should be prescribed in England on FP10 (MDA) prescriptions, and no more than 30 days are recommended on FP10 prescriptions. If more than 14 days is prescribed, it may be dispensed and will be reimbursed. However, the NHS Business Services Authority (BSA) Prescription Pricing Division (PPD) will question this with the prescriber as part of e-PACT data and CD intelligence via the primary care trust, so 14 days' treatment will normally be the maximum.

prescriber in indelible ink; this is the only part that must be hand-written. The prescriber must sign the prescription after the script has been generated but before it is issued. Scripts should not be post signed for longer than 28 days in advance.

prescription is valid for dispensing for 28 days from the start date. If a start date appears on the body of the prescription, this becomes the valid date if it is later than the date on which the prescription was signed: ie, if the prescription carries a date that differs from the start date, the later of the two is the valid start date for 28 days. For example, for a script dated September 4, 2009 with a start date of September 10, 2009, the latter will be the legal start date and the script valid for 28 days from then. Post-dating of the script can exceed 28 days but this is not good practice. From the appropriate

Supported by



instalments must then be dispensed only cordance with the intervals specified.

and must indicate the prescriber's qualification; at present non-medical (supplementary) prescribers cannot prescribe CDs used in addiction outside of clinical management plans.

Pharmacists are now able to amend minor typographical errors, spelling mistakes and quantities (as discussed earlier). In these instances, amendments may be made once due diligence has been exercised, and changes must be attributable to the pharmacist in indelible ink on the script.

For all other errors, the prescription must be returned to the original prescriber for amendment, although another prescriber may be able to do this in an emergency. Covering letters and directions are not acceptable for changes; the original prescription must be amended by the prescriber in indelible ink.

#### . idilar - illaved on FAT

Any schedule 2 CD used for the purposes of addiction and advocated for this purpose may be prescribed in England.<sup>2</sup> For opioid substitution this includes all strengths of methadone as liquid, ampoules and tablets, and diamorphine ampoules. The only schedule 3 medicines allowed are buprenorphine sublingual tablets and Suboxone. Schedule 4 diazepam may be prescribed.

If an injectable is prescribed, water for injection may also be prescribed. No other items may be prescribed on the FP10 (MDA) form in England, which means that items such as hypnotics (temazepam, zopiclone, zolpidem etc) and medicines used in dual diagnosis (olanzapine, citalopram etc) are not to be prescribed on instalment prescriptions. (See reference 2 for details relating to Scotland and Wales.)

#### 3: Can instalments be prescribed on a green FP10?

The Medicines Act 1968 does not allow instalments to be prescribed on standard FP10 prescriptions – only one-off dispensing is allowed unless the pharmacy is short of stock and fulfils the remainder at a later date. So if medicines are required to be dispensed daily and are not included on the list above for instalment prescriptions, they must be prescribed on individual prescriptions. This applies to hypnotics and medication for dual diagnosis as discussed earlier.<sup>2</sup>

If a client is going on holiday, bulk medication should be prescribed on an FP10 as a single supply. Consideration should be given to how the client will measure the dose and advice should be given with respect to safe custody of medication, especially if the client lives with children or animals, and on whether import or export is allowed if they plan to travel abroad.

#### Total Companies actions The companies actions

Yes. Directions and specification of a named pharmacy are not a legal requirement, but in practice, the patient should be managed in a three-way agreement with the pharmacy, drug

action team and the client. The client's placement will be based on accessibility to the pharmacy and patient choice, and the communication channels should be stipulated.

A prescription from a client who was not referred to the pharmacy should be queried with the client and the drug action team to make sure appropriate care is received. Once an instalment has been dispensed, prescriptions are non-transferable and must be maintained by the original dispensing pharmacy.<sup>2</sup>

#### EWhat about alsselasses?

The law says that where a patient is due to pick up more than one instalment and misses the specified pick up interval then that and subsequent day's doses are forfeited.

However, the Home Office has granted provisions to help in this situation. Approved wording to be used on prescriptions is available in the MEP guide for supervised consumption, unsupervised consumption and for when the pharmacy is closed. This wording must be on the prescription to allow pharmacists to deduct the amount that was missed and dispense the remainder as per the prescription. However, because of the steady state that is achieved after multiple dosing with methadone, missing about three days or more may result in decreased tolerance and there are associated risks of unintentional overdose. Clients should be referred back to the prescriber. 1,2,3,4,5

#### 6: The can collect CDs?

Schedule 2 and 3 medicines may be collected by patients, patients' representatives or healthcare professionals, and the pharmacist must ascertain who is collecting the medicine as a legal requirement.

Patients collecting schedule 2 and 3 CDs now have to show identification (ID) for this purpose. This can be relaxed once the patient is known to the pharmacy, but ID is required at first dispensing. Acceptable types of ID include:

- professional registration number for a healthcare professional
- driving licence (including photocard section)
- any official photo ID including ID from the drug action team
- passport
- cheque guarantee, debit or credit card
- birth or marriage certificate
- cheque book, or bank, building society, or National Savings book
- utility bills (two different ones but not mobile phone statements)
- pension or benefit book
- council tax payment book
- recent bank or building society statement (within last six months)
- store charge card (not a loyalty card)
- council rent book.

A pragmatic approach is required here; for example, a client with no fixed address is unlikely

to have a passport. Also, schedule 2 and 3 medicines should be signed for on collection by the patient or patient representative on the reverse of the prescription in the dedicated space, but this is good practice rather than a legal requirement. Instalment prescriptions do not have to be signed for each time, but it is a legal requirement to endorse the date of dispensing for each instalment on the prescription once it has been collected. 1,2,3,4

#### 7: When can the patient send a representative?

Supervised doses of CDs must be administered and consumed by the patient. Daily collections may be collected by a patient representative as allowed by the Misuse of Drugs Regulations. However, it is good practice to ask patients to provide their representative with a signed letter detailing their permission and specifying the collection it refers to. This is not a legal requirement, but is useful as it provides a full audit trail of collections. <sup>1,2,3,4</sup>

#### 8: Are emergency supplies allowed?

Pharmacists must have the script in advance of supply. No emergency supplies are allowed for schedule 2 and 3 medicines that are used in substitute medication for addiction. 1,2,3,4

#### 9: What about reduced doses and returns?

Patient returns may be destroyed by the pharmacist, but it is good practice to have a member of staff witness this and countersign. Clients may consume less than the prescribed amount, stating that they want to reduce, want to split doses or because they may have 'used' other opioids. These clients must be referred back to the prescriber for re-assessment of dose, especially as multiple dosing of methadone results in steady state levels. If the patient does not consume the full amount as a unique incident, the prescription should be annotated with the full amount dispensed and details of the amount actually supervised. The remainder not consumed should be disposed of as a patient return, and witnessed and documented. The prescriber must always be made aware, with the client's consent, through the shared care arrangements.<sup>2,3</sup>

Nazmeen Khideja, MRPharmS, is a lecturer in pharmacy practice at Keele University and an addiction services consultant pharmacist at the Dudley Drugs Project.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online.

References - re available on line at www.chemistanddruggist.co.uk/update



#### NEXT WEEK

The first of two articles describes the pathology and clinical features of Parkinson's disease



## Supporting success in community pharmacy

Discover the opportunities of a healthy partnership

As part of Pfizer's a healthy partnership programme, we've been listening to you, the community healthcare experts. We want to make sure that the support and development training we provide meets your needs, and helps you and your business to succeed

The 'soft skills you will learn from our free MUR workshops will help you build even stronger relation ships with your patients, earning their trust and lovality by providing them with excellent advice. We think this can only be a good idea





## Supporting success in community pharmacy

Discover the opportunities of a healthy partnership™

As part of Pfizer's a healthy partnership™ programme, we've been listening to you, the community healthcare experts. We want to make sure that the support and development training we provide meets your needs, and helps you and your business to succeed.

The 'soft skills' you will learn from our free MUR workshops will help you build even stronger relationships with your patients, earning their trust and loyalty by providing them with excellent advice. We think this can only be a good idea.



#### Dispensing for substance douse

What amendments can a pharmacist make to a controlled drugs prescription? What can be prescribed on FP10 (MDA) prescriptions? Who can collect a CD prescription?

This article discusses the legal issues to be considered when dispensing CDs, using methadone and buprenorphine as examples. It includes legal classification of CDs, what should be written on the prescription, and information about missed doses and CD collection.

Revise your knowledge of the legal classification of CDs on the Patient UK website, which also has useful information about SOPs, private CD prescriptions and destruction of CDs at http://tinyurl.com/ybcleun. A list of the drugs in each schedule can be found on the gptraining.net website at http://tinyurl.com/ybvbl32.

Find out more about dispensing CDs and methadone instalment dispensing from the PSNC website at http://tinyurl.com/nvlzeb and http://tinyurl.com/yc4lp4d

Read the FP10 (MDA) dispensing endorsement guidance from the NHS Business Services Authority at http://tinyurl.com/yedso2u.

Complete C+D's online quiz about CDs at www.chemist anddruggist.co.uk/education and read the suggested references if you get an answer wrong.

Do you have a sound knowledge of the legal requirements for dispensing CDs including prescription details? Do you know how to deal with CD collections, missed doses and patient returns?

# 5 minute test

Test yours of

Step

See 100 Committee of the Committee of th

Sep 2

Access the 5 Minute for the various and the second standard and the second standard as the

i em 3

Int Vers. Your test score with a second of the S. Minute less online you will be a second of the S. Minute less online you will be a second of the S. Minute less on the second of the S. Minute less on the second of the S. Minute less of the second of the

Registering for Update 2009 costs £32.50 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 01732 377269. Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online

Practical Approach

#### Analgesia for worsening pain in cancer



David Spencer, pharmacist at the Update Pharmacy, calls his preregistration pharmacist trainee, Manu Patel, into his office.

"Manu, I've something here that will be a nice little exercise for you," David says.

"Fine," Manu replies. "What is it?"
David explains: "I've just had an
email from Dr Merali. His patient,
Mrs Coleman, is terminally ill with
cancer and has been discharged from

hospital to spend her remaining time at home. She was discharged on Durogesic DTrans '50' patches, but Dr Merali says she is no longer finding them effective and he wants to switch her to long-acting oral morphine at the nearest equivalent daily dose.

"He's asked us to suggest a suitable preparation for him to prescribe, and the dosage. I'd like you to list the preparation or preparations available. All the information you'll need is easily available."

Two weeks later, David calls Manu into his office again.

"Manu," he says, "Dr Merali's been in touch again about Mrs Coleman. He says her condition has deteriorated and the long-acting oral morphine she's been on isn't effective enough. Mrs Coleman is adamant that she does not want to go back into hospital or into a hospice, so Dr Merali now wants to put her on to diamorphine hydrochloride by subcutaneous infusion – which will be administered and supervised by a Macmillan nurse – at a dose equivalent to 20 per cent higher than the morphine dose she was receiving. He wants us to work

out the dose of diamorphine hydrochloride she should be given. He also wants to know what dose to instruct the nurse to give if Mrs Coleman suffers breakthrough pain. I've done the calculations myself and I know that they are simple enough to do without a calculator. So I want you to do them that way too, as it will be good practice for your registration exam."

1. Where exactly did Manu find the information he needed?

2. How did Manu arrive at the answers he presented to David, and what were they?

1. In the BNF, in the section 'Prescribing in palliative care' (PPC) at the front and in section 4.7.2.

**2 a)** He looked up Durogesic D Trans '50' in the index and found it was a proprietary brand of fentanyl transdermal patch 50microgram. In the PPC section he found that the patch was equivalent to morphine 180mg daily (ie in 24 hours). The

nearest long-acting oral morphine equivalents were 100mg modified release tablets, capsules or suspension granules, with a dose of one every 12 hours.

b) An increase by 20 per cent in the morphine dose = 240mg daily. Manu read across on the morphine sulphate/diamorphine hydrochloride conversion table in the PPC section, that 240mg morphine daily (120mg/12hours) is equivalent to 80mg diamorphine hydrochloride s/c in 24 hours.

c) The same conversion table gives instructions for breakthrough pain: "equivalent to one-sixth of the 24 hour subcutaneous infusion dose", in this case 13mg.

G1a, G1c, G1e,

G1s, G6p, C1a. See http://tinyurl.com/68ox7b

To see the full archive of ractical Approach articles go to www.chemistanddruggist co.uk/practicalapproach

e all know that the Department of Health (DH) hands down various targets to PCTs - and where pharmacy can help meet a difficult target there may be a prime opportunity to sell a new service. Chlamydia testing seems an obvious example. The DH has asked PCTs to screen 17 per cent of young people between 15 and 24 years in their areas.

Some, like Central Lancashire, Halton and St Helens, and North East Essex, have successfully tested far more individuals in this age group than required - yet others, such as Nottingham, Western Cheshire and Herefordshire, have been slower to meet the challenge, and so their efforts may well have come under the critical scrutiny of their respective strategic health authorities.

So how can community pharmacy help, and what's the best way to achieve the required results in the pharmacy setting?

Former NPA business development director (now Numark director of commercial) Raj Nutan believes he knows the answers, reporting that early results from the NPA's chlamydia testing scheme in three London PCTs are bearing out his confidence just six months after launch.

It's well recognised, he says, that going to the pharmacy for a service like this avoids the stigma attached to attending a genitourinary medicine (GUM) clinic or going to a GP, who they may have grown up with and who is often like a family friend. "So pharmacy - perhaps particularly a different pharmacy from the one they normally go to - is in a better position to help than either the GUM clinic or the GP," says Mr Nutan.

"Also, the 15 to 24 age group in which chlamydia is most common is usually fit and healthy, and have no reason to see their GP anyway – so it makes sense to find other ways to target this group in order to avoid long-term complications. The girls and young women in particular are likely to be visiting pharmacies to pick up contraceptive pills, but also to buy makeup, shampoo and conditioners and so on.

"So in many ways a trip to the pharmacy is an ideal opportunity for opportunistic screening which you won't get in a GUM clinic. Also, the only people who go to the GUM clinic are those who think they have an infection, yet their number is small because the condition is so often asymptomatic.'

Simply making kits available free isn't enough, Mr Nutan says, and other approaches have sometimes failed because the context was wrong for a different reason. For example, people have tried giving out test kits in nightclubs without success. Mr Nutan isn't surprised: "If you were in the 15 to 24 age group and someone came up to in a nightclub and gave you a test kit, would you use it? I think that's the last thing you're going to do," he says.



# ABBREVIATED PRESCRIBING INFORMATION (UK) ellaDne® (ulipristal acetate). Please refer to the SmPC before prescribing ellaDne® Presentation: White/off-white, round, curved tablet engraved "Il" on both faces, Indications: Emergency contraception within 120 hours (5 days) of unprotected sexual intercourse or contraceptive failure. Dosage: One 30mg tablet to be taken orally as soon as possible, but no later than 120 hours after unprotected intercourse or contraceptive failure, with or without food. Another tablet should be taken if vomiting within 3 hours of intake, ellaOne can be taken at any point during the menstrual cycle. Pregnancy should be excluded. Renal or hepatic impairment no specific dose recommended. Renal or hepatic impairment not recommended. Children and adolescents: Safety and efficacy only established in women >18 years. Contra-indications: Hypersensitivity to the active substance or excipients. Pregnancy. Special warnings and precautions for use: Concomitant use with an emergency contraceptive containing levonorgastrel is not recommended. Use in severe asthma insufficiently controlled by oral glucocorticoid is not recommended. Emergency contraception only; women should be advised to adopt a regular method of contraception, subsequent acts of intercourse should be protected by a reliable barrier method until next menstrual period. Repeated administration within the same menstrual cycle is not advisable. No data for unprotected intercourse more than 120 hours before intake. Does not prevent pregnancy in every case, delay of >7 days in next menstrual period, abnormal bleeding at menses, or symptoms of pregnancy exclude pregnancy. If pregnancy occurs, possibility of an ectopic pregnancy should be considered. Menstrual, periods can sometimes occur earlier or later than expected by a few days. In ~6%, menstrual periods occurred >7 days early. In ~20%, adelay of >7 days courted, and in 5.1% the delay was >20 days. Contains lactose monohydrate; patients with galactose intolerance, the Lapp lactase deficie

Adverse events should be reported.
Reporting forms and information can be found at
www.yellowcard.gov.uk. Adverse events should also
be reported to HRA-Pharma UK Ltd on 0800 917 9548
or email med.info.uk@hra-pharma.com.

#### emergency contraception you can count on



NEW ellaOne® is the first emergency hormonal contraceptive that is licensed for use within 5 days of unprotected intercourse (UPI). ellaOne® provides sustained efficacy across 5 days offering you emergency hormonal contraception you can count on.

 $\label{eq:Release} \textbf{Relerence:} \ 1. \ CHMP \ Assessment \ Report \ for \ ella 0 ne; \ Procedure \ No \ EMEA/H/C/001027. \ Available \ at \ www.emea.europa.eu.$ 

Further information available from:

#### **HRA**Pharma UK Ltd

Unit 7, RB Building, 557 Harrow Road, Kensal Green, London W10 4RH. Tel: 0800 917 9548 Email: med.info.uk@hra-pharma.com

Item code: 106/ELLA/Sept/09/AS. Date of preparation: September 2009.

elaone® V

5 day emergency hormonal contraception

The story of the NPA's London scheme in Hammersmith & Fulham, Kensington & Chelsea and Westminster PCTs began when Boots became involved with a pathfinder scheme in London commissioned by the DH. That ended last Easter, but the PCTs wanted to continue with chlamydia screening and to extend it to all pharmacies – and that's where the NPA got involved.

NPA sub-commissions pharmacies within the PCTs to provide the screening and treatment, runs the training, works with the laboratory, provides marketing support, and compiles the results and the paperwork – all the PCT has to do is hand over payment every month.

The full results are far from being published, but Mr Nutan reports that already they have been excellent compared with some of those seen in other schemes. "We're getting a conversion rate of 50 to 60 per cent," he says. "That means for every 100 testing kits handed out we're getting 50 or 60 back to the laboratory for testing. The conversion rates for other schemes are a lot lower – in some cases half or less of what we're getting on this scheme."

Ama Achampong, Boots pharmacy manager at the Westfield centre in West London, thinks it's "a fantastic service". She says: "With chlamydia the best way to stop that is to screen and treat people, but most people don't wake up one morning and think, 'I'll go and buy a chlamydia kit'."

Ms Achampong estimates she and her two other pharmacist colleagues have between them issued around 100 kits in the past few months, and – bearing in mind that patients who test positive can go to another pharmacy, a GP or a GUM clinic to receive treatment – she is pleased to report that her branch has treated around 10 people, which she feels is very worthwhile. "That's 10 people who won't be passing the disease on," she says.

#### donte winking

Mr Nutan believes the scheme's success, and what makes it different to others, owes something to a sense of value the scheme places on the test kits.

The pharmacist has a 10-minute consultation before handing over the kit. The pharmacy gets paid for carrying out the consultation, but has to buy the test kit, which Mr Nutan says tends to mean that it has a value and is more likely to get used as it is intended. "I think our scheme has the right risk and reward structure. The fees are £6 for the initial consultation and uploading the individual's file onto the database plus the cost of the test kit, which is £2. The pharmacy gets reimbursed for the cost of the kit, and they get a bonus payment of £14 if the kit reaches the laboratory – so there's a £20 margin on a 10-minute consultation.

"Whereas most services just hand over the kit, we make sure the patient has all the information up front before handing the kit over."

With a large fraction of the issued test kits making it to the laboratory, the question now is

#### How the APA Mambdin service works

- Pharmacy staff receive training and become accredited
- The pharmacy buys the test kits at £2 each and markets the service
- Customers go through a 10-minute consultation with a pharmacist, for which the scheme pays the pharmacy a £6 fee
- The customer follows the kit protocol and sends the kit to the lab to obtain a result
- For each kit that reaches the lab, the pharmacy is reimbursed for the cost of the kit, and receives a bonus of £14 (making a total of £20).

#### What are the early results?

- 50 to 60 per cent of test kits are reaching the laboratory
- Pharmacies can contribute between a quarter and a third of PCTs' targets to screen 17 per cent of people in the key 15 to 24 age group.

#### What are the kells to siccess?

- Place a value on the kits rather than give them away
- Make the kits available from a large number of pharmacy outlets
- Make sure the whole pharmacy team is proactive in promoting the service, and to ensure customers understand chlamydia is a hidden infection
- Postal schemes achieve better results than those that require the customer to bring them back to the pharmacy.

whether the scheme can deliver the numbers required to make a positive difference to the ability of PCTs to meet their 17 per cent targets. Mr Nutan is confident: "We think we need to show that we can deliver at least a third of the number of people they have been told to screen, and we think we can deliver at least that number. And I think that if pharmacy can be shown to deliver in London, it will deliver in a fair number of PCTs across the country."

Secretary of both Kensington, Chelsea & Westminster and City & Hackney LPCs Rekha Shah is equally positive about what community pharmacy can contribute to achieving PCT targets, if a little more conservative in her estimates. "I think pharmacists can contribute about a quarter of the target, if not more," she says.

Ms Shah goes on to argue that success depends on how free chlamydia schemes for the young are organised. For example, she says, it depends how many pharmacies the PCT decides to commission. "There's no point in having 90 pharmacies in your area and commissioning the service from only 10. That will give lower uptake. Another thing is where they're positioned – they should be somewhere near colleges and other places where young people go.

"Also advertising is important – if you advertise properly so the young people know where to go it all helps. Putting up a poster in your window is not enough, because people don't know whether they have the infection. You need the whole of the pharmacy team to be proactive and to make sure the message goes out about this hidden infection, how easy it is to find out whether you have got it,

Top tips on the province your chlomyd a service from Dorsel and then a security such as

www.chem standerunt.co.ul

how anonymous the scheme is, and how easy it is to treat it and that it's better to know that you have it and to get treated."

Postal schemes achieve better results than those that require patients to return kits to a particular pharmacy, Ms Shah adds. "It's much easier for people to pop the kits in the post rather than bring them back to the pharmacy and so postal schemes always give you a much better return rate."

#### Value makes the difference

Ms Shah's final message for PCTs thinking of commissioning a chlamydia screening service in local pharmacies echoes Mr Nutan's argument that a sense of the value attached to the components of a scheme of this kind can make a big difference.

"To PCTs thinking of commissioning a service, I'd say this: one reason some PCTs have failed is that they expect the pharmacies to provide the information and hand out the kits free of charge or for a nominal cost of £1 – but there's quite a lot of information that needs to be imparted and handing over a kit isn't the end of it," she says.

She knows PCTs who have gone down the route of charging patients £1 for a kit or giving them away for free, and paying the pharmacist when the kit reaches the lab, but argues that's when the service fails and the kits don't reach the lab. "You give away 50 kits and maybe one or two reach the lab," she says.

PCTs really need to recognise what has to be done, who is going to do it and then to pay accordingly – and then they will see the results. "You need to provide pharmacies with the right information and the right training. And make sure they're paid for what they're doing. If you can get all those things right, it can be a real goer."

#### In C+D November 28 look out for:

Category focus: contraception and sexual health

# Rosemont liquid medicines. Don't lose performance when replacing solid formulations.



Rosemont see no reason why you should have to compromise on the quality of medication needed by patients with swallowing difficulties.

For over 40 years Rosemont has developed a diverse range of over 90 different oral liquid medicines for patients who battle to swallow traditional solid formulations.

Each Rosemont product is easy to take and consistently achieves the desired performance you need when you substitute a solid formulation.

Rosemont")

The source of liquid solutions.

Rosemont Pharmaceuticals Ltd. Rosemont House, Yorkdale Industrial Park, Braithwale Street, Leeds LSII 9XE T +44 (0) 113 244 1 00 F 7 14 (1) 113 245 3867 E infodesk@rosemontpharma.com Sales/Customer Service: T +44 (0) 113 244 1999 F +44 (0) 113 246 0738 W www. service: pharma.com

Information about adverse event reporting can be found at www.yellowcardsgov.uk Adverse events should also be reported to Rosemont Pharmaceuticals Ltd on UF13.244 (480)

# Platinum DesignAwards

the ban or charmacy excellence



- £6,000 in prize money
- Multiples trophy
- Open to all UK pharmacies



#### Recently undergone a refit?

Show us what your pharmacy looks like

Ask your Ceuta representative for more details or visit

www.chemistanddruggist.co.uk/pda2010



in association with



Panicking patients, advice on parties and suggesting preventative measures: it's all in a day's work for pharmacists distributing Tamiflu, finds Zoe Smeaton

# On the swine flu front line

oots pharmacist Panit Somhom (top right) is on the front line of a pandemic. Working at Boots in St Pancras Station, selected to act as a Tamiflu distribution centre for Camden PCT in London, she regularly dispenses the antiviral for patients with swine flu. The service has proved popular, with patients, or flu friends, particularly liking the fact that being in a station, the pharmacy is very easy to find. But how does it all work from the pharmacy side?

The most important thing is that the patients themselves, after registering with the NHS pandemic service, should not be coming into pharmacies to collect their medicines. Instead, the government is clear they should send 'flu friends' Ms Somhom says sometimes this message doesn't get through, though. "We have had people with symptoms coming in and we have to send them home. We give them a mask to stop them spreading [the virus]," she says.

Explaining to patients who don't understand why they can't get their medicines can be quite challenging. Ms Somhom says she stresses to them that it is important for people with the virus to stay at home, even if their symptoms don't seem too bad. "I explain there might be vulnerable people in the station and on public transport and if they catch this it could be really dangerous for them."

If the flu friend does come in, the first thing to do is to check they have some form of identification of the patient, along with their pandemic flu number.

The pharmacy then uses an online system to check the details of the medicine required, before dispensing. NHS leaflets, which offer general advice for patients on how to cope with swine flu, how to protect others from catching it and possible complications, can be distributed with the medicines, and Boots has produced its own Ouestions about swine flu leaflet

Pharmacists must also record the details of the patients on a form for the PCT, and trusts must be kept updated on Tamiflu stock levels, but Ms Somhom says the whole dispensing process only takes five to 10 minutes if the flu friend has prought everything they need.

Of course, it's not always as simple as that. Often people have questions about swine flu and the medicines, and Ms Somhom says some flu friends have been quite panicky. "They ask what is going to happen to them and what should they do?" Some have even asked whether they should stop going to work or avoid parties.

"Our advice is to do everything normally unless you have symptoms," she adds. But those coming into close contact with people with swine flu should concentrate on good hygiene and might want to consider using alcohol hand gels.

Ms Somhom says answering questions like this and helping to reduce patients' worry is a rewarding side of the job. There is also the chance to work on giving public health messages and other advice. Ms Somhom says she often reiterates the NHS Catch it, bin it, kill it public health messages. And some patients have been asking about prevention as well, so pharmacists need to be prepared to talk about subjects such as vitamin C and healthy lifestyles

Vaccinations are another subject customers are unclear about, so it's important that pharmacists make clear that seasonal and swine flu vaccines are separate. And advice can be given on OTC medicines, such as paracetamol, that patients can take to help relieve symptoms.

A final thing to think about is the staff working in the pharmacy. "The staff were a bit concerned when we started doing the service," says Ms Somhom. But they have been given advice on how to minimise risks and there are now hand gels at the till for hand washing when they like.

Ms Somhom says overall the workload has been manageable so far, with an initial rush when the service began, but quieter times since. If the workload does become too much, it is likely that the PCT will open up additional distribution centres to take some of the pressure off.

The pandemic is on the rise again, and it's clear pharmacies are in a good position to help. And with pharmacy minister Mike O'Brien this week thanking the sector for its contribution in helping with swine flu (see p6), more might find themselves tackling this new role, as Ms Somhom has done



Top: Dealing with flu friends and the worried public is rewarding work for Boots' Panit Somhom Below: St Pancras Station has proved a popular location for a Tamiflu distribution point

Central London is far from being the only place where community pharmacists are helping to fight the swine flu battle. Nationwide, pharmacists such as Mike Hewitson, who owns Beaminster Pharmacy in Dorset, are also doing their bit for the community in both city and rural settings.

Mr Hewitson says distributing Tamiflu from his pharmacy is "definitely a good thing" and is something all independent pharmacies should be fully capable of. Providing the service to patients doesn't take much more time than providing normal prescription medicines, he adds.

Mr Hewitson would like to see PCTs nominating all pharmacies to distribute the medicines. This would avoid a "hotch potch" service, as well as helping busy distribution centres to cope as demand peaks, he says.

# Jobs

#### Telephone 0207 921 8123

Booking and copy date 12 noon Monday prior to Saturday publication subject to availability Contact: Andrew Walker Tel: 0207 921 8123 Fax: 0207 921 8136 awalker@cmpmedica.com Chemist+Druggist Ludgate House 245 Blackfriars Road London SE1 9UY

Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust and North Lancashire Teaching Primary Care Trust



#### Leading the way

PBC Prescribing Support Manager £44,258 - £54,714 (subject to Agenda for Change)

PBC Development Pharmacists £37,996 - £45,596 (subject to Agenda for Change)

We're always looking for new ways to improve our services, and our latest innovation is, we believe, a first for Pharmacy in this country. In conjunction with Wylde PBC Consortium, we're creating a truly integrated workforce of pharmacists working across both GP practices and in the acute setting. Enabling us to address a range of medicine management issues, this is an exciting opportunity for us – and for you too. With a range of facilities at your disposal to further your expertise, you'll inform our future – and we'll invest in yours. For an informal chat please call Alastair Gibson, Director of Pharmacy, Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust, on 01253 303790. Find out more at www.blackpool-leadingtheway.co.uk



#### Primary Care Development Pharmacist

Southern region - field based role

Rowlands Pharmacy has a vacancy for a Primary Care Development Pharmacist, located ideally Home Counties, or eastern end of M4 corridor, and accessible to south coast sites

The role will include understanding locality infrastructures and health needs, building local relationships and identifying and progressing professional service development opportunities.

The successful candidate will have previous community pharmacy experience and an awareness of current NHS structure and policy. Strong interpersonal and communication skills are essential.

To apply, please forward your CV to: Nicola Roe, Pharmacy Services Development Manager, Rowlands Pharmacy, Whitehouse Industrial Estate, Rivington Road, Preston Brook, Runcorn WA7 3DJ. email: nroe@rowlandspharmacy.co.uk

#### Pharmacist Nelson, Lancashire

Enthusiastic Pharmacist required 3 days a week (inc Saturdays) to provide quality pharmaceutical care in a local community pharmacy to meet the challenges of the white paper.

For full details please log on to our website www.barkerhousepharmacy.co.uk/vacancy or phone Mark Collins 07976 151181

Sign up for email alerts at

www.chemistanddruggistjobs.co.uk

# Effective staff appraisals

Andrea Kirkby explains how to get the most out of performance reviews with those working for you

any people dread their yearly appraisals – some for good reason, but many more simply because they find it a painful and tedious process. But if staff dread appraisals, their bosses often dread them even more.

But an appraisal can be extremely useful to your pharmacy if it's handled well. Both the appraiser and the appraisee are there to discuss the latter's past performance – and to set targets for the year ahead. This means it's a joint effort, so if you're doing the appraising you need to seek common understanding rather than acting as a judge.

If your staff member has underperformed in some areas, you need to find out why, so that you can both do something about it. Is the reason a family or health problem? Is it simply that the job has expanded beyond the individual's ability to do it? Is it a lack of training? Is there a problem in the way the job is organised or the resources given to the individual to perform the necessary tasks?

Even employees with significant weaknesses usually also have some good points. Elicit these at the appraisal too. This not only ensures that a poor appraisal doesn't end up feeling like a character assassination, it also clearly identifies for the individual the things that they are good at, which should help them better understand their abilities. That could lead to a job (or branch) change, in some cases, or it may enable the individual to build on their strengths while avoiding being exposed to situations in which their weaknesses will be more apparent.

Conversely, good performers can leave the appraisal feeling that they can rest on their laurels. You need to explore the reasons for good performance just as you would the reasons for bad performance – and set targets that will stretch the



An appraisal should be nothing to fear for the staff member or the boss

person a little more. That might mean taking responsibility for mentoring new starters, perhaps.

Learning to ask the right questions, and to listen, is crucial. There are always reasons behind both good and bad performances, and both you and the appraisee need to understand those reasons. Don't ask questions that can be answered with a simple yes or no; instead, ask questions that open up a discussion, similar to good practice for MURs.

Make sure the annual appraisal isn't the only time you give feedback. You need to provide it throughout the year, both on specific topics and on the job generally. If staff are used to getting feedback, they are unlikely to be afraid of the appraisal – and you will also find it much easier discussing their performance in the more formal meeting.

Feedback is best when it is specific. If it is made immediately, or soon after the event to which it relates, employees can clearly see what needs to be improved or what has worked well. Never tell an employee, for instance, that he is argumentative, which implies that this is a natural quality of his character that he can't change. Instead, refer to the action – or to the effect on someone else.

Feedback should always be positive. But that doesn't mean it should always be complimentary. 'Positive' feedback tells someone how to do something right.

If you are talking about behaviour, keep to specifics. Refer, in immediate feedback, to what was actually said – the exact words if possible. Ask the employee what he or she remembers having done. Did they intend to have that effect? Ask what might have helped them achieve a better outcome – more training, better support from the pharmacist?

Feedback during the appraisal obviously won't be so specific, but again you need to look for ways forward rather than just talking about the past. Create a proper structure for the meeting to ensure that a good quarter of the time, if not more, is spent talking about the future – assessing your staff's training needs and setting targets.

Once the appraisal meeting is concluded, that shouldn't be the end of the process. Although there is no appraisal for another year, encourage employees to monitor their progress on the objectives, and meet regularly to discuss how things are going. Then, at the next appraisal, neither they nor you should have any surprises in store.

#### Why appraise?

#### To monitor the business

A staff appraisal scheme provides a framework for measuring the performance of the business through assessing individual staff against jointly agreed targets that fit into the company's overall aspirations. A good appraisal system should be like having an "internal barometer", measuring the state of the pharmacy.

# To develop the business to meet changing circumstances

Static organisations will not survive and a healthy organisation is one that can adapt and change to market forces. This will often involve introducing new methods of working, developing new services and ultimately changing the direction of the business. In reality this can only be achieved by ensuring that staff are similarly able to adapt and be flexible, perhaps even being retrained in new skills.

#### To encourage and motivate employees

Regular meetings and informal chats praising, or indeed chiding, individuals are all part of a good management technique, but they are no substitute for being able to set reasonable targets that can then be measured. A job that is either well done or 'botched' should not be allowed to go unnoticed as the former may not be repeated while the latter may become the norm. An appraisal system - not a substitute, but a longer term method of measurement will provide a better and more consistent picture of employees abilities.

#### Ca er tio or the week

in and nearly in Market in the editing governous days and the surface of the edition of the edi

t rapped from 5 illiant answers to the print enview of motions, as such the ground militarist indignity in the 11 books for job but increase.



#### **WANTED: ACTS &** EXPERIENCED PHARMACY TECHNICIANS

St Albans, B'ham, Cambridge, Eastbourne, Ashford, Hampshire ACTs & experienced technicians are given a wide range of roles & responsibilities within our unique Care Home Dispensaries & Home HealthCare Departments. Excellent career progression opportunities within growing organisation.

> ACT c£20k NVQ 2-3 £14k to £18k

Apply Now to: Nikki.c@chemistree.co.uk



#### Locumplete Pharmacist Locums -

Web: www.locumplete.co.uk Email: info@locumplete.co.uk "For that personal yet professional approach"

#### **ARE YOU A PHARMACIST INTERESTED IN LOCUM WORK?**

WANT AN AGENCY THAT WILL GO THE EXTRA MILE FOR YOU.....

LOCUMPLETE ARE A PREFERRED AGENCY TO A NUMBER OF MULTIPLES, SUPERMARKETS AND INDEPENDENT PHARMACIES SUPPLYING LOCUM PHARMACISTS NATIONWIDE.

WE ARE LOOKING FOR RELIABLE, CONSCIENTIOUS CANDIDATES TO JOIN OUR TEAM OF LOCUMS.







#### DISPENSING **VACANCIES PRESTON**

QUALIFIED DISPENSING TECHNICIANS **NVQ LEVEL 2 & 3** 

- Full time and Part time available.
- Competitive Salary
- RPSGB Fees Paid
- Continuing Professional Development
- Staff incentive scheme
- Friendly working environment

Tel James on 07827 925665 Or Email: jamessawyer007@gmail.com

#### Have you seen our open learning programme -Cancer: in relation to pharmacy practice?

It is available **FREE** to all practising pharmacists and pharmacy technicians in England, registered with the RPSGB. Order online via our website (booking reference: 39180) or view and download a copy before you order.







www.cppe.ac.uk info@cppe.ac.uk 0161 778 4024 24-hour booking line



CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

#### PHARMACIST VACANCY GLOUCESTERS-IIR

For a call back send your contact details to Katriona.guerin@daylewisplc.co.uk





Chemist+Druggist remains the clear leader in influencing stock decisions\*

To educate, and inform the retail pharmacy market via C+D please contact Andrew Walker

0207 921 8123 or email awalker@cmpmedica.com

\*Linda Jones Associates Industry Survey 2009

# Marketplace

Telephone

0207 921 8123

Contact: Andrew Walker awalker@cmpmedica.com

#### \*\*\*IMPORTANT NOTICE\*\*\*

TO ALL DISPENSING PHARMACISTS / HOSPITAL PHARMACISTS / DISPENSING **DOCTORS** 

#### **CALCIUM AND** ERGOCALCIFEROL TABLETS

(CALCIUM LACTATE PENTAHYDRATE 300MG. CALCIUM PHOSPHATE 150MG AND ERGOCALCIFEROL 10MCG (400 UNITS)). P/L NO - 20416/0033 - P/L HOLDER -CRESCENT PHARMA LTD

ONLY LICENCED PRODUCT IN THE UK

NOW AVAILABLE VIA YOUR MEDICINES WHOLESALERS

\*The advice from the Legal and Ethical Advisory Service of the RPSGB and according to their Fact Sheet: FIVE

'Pharmacists are reminded that it is a professional requirement that where a product is ordered on a prescription, a pharmacist must supply a product with a marketing authorisation, where such a product exists and is available, in preference to an unlicensed medicine or food supplement.'

For more information please contact:

**Crescent Pharma Ltd** on 01256 772730

#### the legal prescription

Cost effective specialist legal advice to independent retail and community pharmacies

We can assist with buying, selling, merging and demerging pharmacy businesses as well as related leases, sales and purchases of commercial premises



Contact Hilary D'Cruz or Jas Singh 01543 466 660 info@ansonsllp.com www.ansonslip.com





Keen to PROMOTE Care Home & Community Services? ... get a FREE Carer's demo pack and show them an easier way!







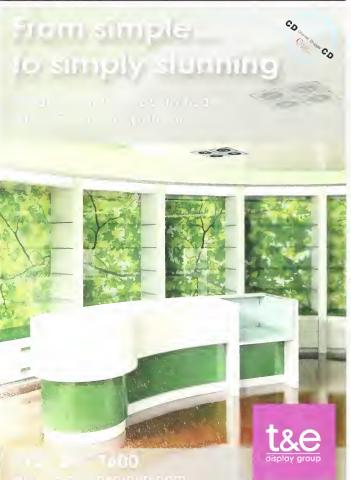
FREE Carer's Demo

PSL Pharmacy Services Leeds, PO Box 274, Leeds LS26 IAE Tel: 0113 286 0325

#### PERFUME TESTERS for SALE

Large parcel of PERFUME TESTERS for sale Mixed across all brands, women and men TESTERS also wanted or can swap stocks Email perfumes@btconnect.com for list





#### And March 1997 of the same

#### **HUTCHINGS PHARMACY SALES**

Yorkshire	T/O	£1,300,000
West Sussex	T/O	£1,000,000
Leeds	T/O	£930,000
Bristol	T/O	£586,000
Cambridgeshire	T/O	£550,000
East Lothian	T/O	£512,000
Devon	T/O	£310,000

#### PHARMACY BUSINESSES WANTED

We have over 1300 purchasers on our database and are currently experiencing a shortage in businesses coming to market. This is resulting in excellent prices achieved for those making the decision to sell.

If you are considering selling your pharmacy contact us NOW in complete confidence for a FREE valuation

Mr. 'M' from Wales who completed in July 2009 said: "A big thank you for the excellent service you provided during the sale. You achieved a number of offers for the business and we were extremely happy with the price which was more than we anticipated."

Tel: Anne Hutchings on 01494 722224 Email: info@hutchingsconsultants.com www.hutchings-pharmacy-sales.com



"We are the only NPA approved supplier for selling your pharmacy"



#### PHARMACY BUSINESS TRANSFER LTD

WE ARE URGENTLY SEEKING PHARMACIES FOR 1ST TIME BUYERS WITH TURNOVERS OF £500,000 PER ANNUM, NHS ITEMS 2800 PER MONTH AND ABOVE ANYWHERE IN THE COUNTRY

CONTACT DENIS O'LEARY on 01206 323808 or Mob 07920 476222

Email denis.oleary@pharmacybusinesstransfer.co.uk

#### **Cheap MDS Supplies**

Fantastic Prices on Manrex (Boots System) Pink, Yellow, Orange & Blue plastic trays Reminder Cards, Dividers.

Call Now For Prices:

01727 877 954 Info@chemistree.co.uk

www.chemistanddruggistjobs.co.uk

#### ARE YOU PLANNING TO SELL YOUR PHARMACY IN THE NEXT 5 YEARS?

Let us help you to maximise your profits by grooming your business for future sale.

We can advise you on:

- How to structure your business to minimise your tax bill when you sell.
- Increasing your turnover.
- Increasing your gross margin.
- Monitoring your expenses.
- Benchmarking your business against similar pharmacies.

For more information please visit:

www.pharmacyexperts.com
or contact Anne Hutchings on:
01494 722224

Facsimile: 01494 434764 Email: anne@hutchingsandco.com



Leading Tax Consultants and Accountants for Pharmacies

# Health Aid

#### Strong Bones & Healthy Joints



Enriched with calcium, magnesium & zinc for strong bones and healthy teeth

For further information please contact us: Tel: 020 8426 3400

Tel: 020 8426 3400 Email: sales@HealthAid.co.uk



Pharmaceutical grade soluble Glucosamine & Chondroitin; optimum care for flexible and supple joints

www.HealthAid.co.uk

# THINKING OF BUYING A PHARMACY?



Modiplus went the extra mile to assist me in the purchase of my pharmacy ...

#### **MODIPLUS SUCCESSFULLY:**

- Helped with the structure to minimise tax
- Dealt with solicitors on purchase contracts and tax issues
- Dealt with the selling agents to avoid time delays.
- Advised me on purchase of goodwill or shares
- Advised me on specialist finance schemes such as Unichem, AAH & Phoenix
- Projected my profit & cash-flow
- Allocated purchase price to maximise tax

... excellent team of people who are always helpful and friendly 
MR R SUDDHI T/A MARKEATON PHARMACY, DERBY

For more information or for a FREE consultation please call Umesh on:

020 7383 3200

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES





Mike Hewitson's diary of a new pharmacy owner

#### Beaminster one year on

Amidst the deepest recession for half a century and the general malaise of a country watching the pennies, we've reached a milestone – our first anniversary!

What a year it has been. As if taking on the business wasn't a big enough challenge, my wife Sarah and I have been blessed with the safe arrival of our daughter Gracie, who has brought us boundless happiness.

We've built bridges with the two local surgeries and have launched a business, which was started in 1790, into the brave new world of enhanced and advanced services.

At the heart of our move was a desire to build a better life for our family, one that wasn't consumed by the mortgage and the commute to work. To that end, I think we have been largely successful. We have been welcomed into the heart of the community, and Sarah and Gracie are just as well known as me: they're often seen delivering prescriptions in the most

environmentally friendly manner possible – on foot.

The challenge of running my own business has been tough; given everything else that has been going on in the world we could be forgiven for being overwhelmed with the task at hand. But we've just got on with the job and succeeded in growing not only our prescription volume, but also our turnover and – most importantly – the dreaded bottom line. I've never worked so hard for such little money in my pocket, but I wouldn't change a thing.

( I'VE NEVER WORKED SO HARD FOR SUCH LITTLE MONEY, BUT I WOULDN'T CHANGE A THING 9



#### Raiders of the lost archives

C+D 1859-2009 Celebrating 150 years in pharmacy

**8150** 

The great British public have always been enamoured with their gardens and pharmacists are no different, as an advert in C+D attempted to capitalise on in 1860.

in C+D attempted to capitalise on in 1860.

"Illustrated with numerous highlyfinished engravings," C+D dedicated a
page to a new publication, The Cottage
Gardener, Promoted as a "country
gentlemen, and poultry chronicle", the
magazine attempted to persuade
pharmacists to part with four stamps in
exchange for an issue filled with all things
horticultural and chicken-related.

But The Cottage Gardener wasn't the

only magazine on offer in C+D. There was also a plug for DIY series Manuals for the Many, including the tomes Bee-keeping for the Many, Greenhouses for the Many, and even Muck for the Many.

Our favourite item, however, is the

Our favourite item, however, is the curiously titled The Pigeon Book.

Available for one shilling and sixpence, the ad doesn't say what aspect of pigeon-fancying it covers. While we'd like to think it's about how to raise carrier pigeons, somehow we suspect it's more about how to cram the unfortunate birds into a tasty pie...

#### Casting net wide for diabetic teens

Rowing legend Sir Steve Redgrave is making waves again, this time by backing a series of free downloadable podcasts aimed at teenagers with diabetes.

Five-time Olympic gold medallist Sir Steve has lent his support to the podcast project by Norfolk and Norwich Hospital Trust and Takeda UK.

The podcasts aim to give everyday advice to teenagers who are older than 14

years with type 1 diabetes, and hope to help self-management of the condition. Subjects broached by the discussions include how to cope with diabetes while playing sports, drinking or having sex, and even how to manage the condition while on holiday in Aiya Napa.

To download the series of eight podcasts, visit www.nnuh.nhs.uk/podcasts/diabetes or find them on the Apple iTunes website.

#### The Day Lewis champions

Day Lewis gave staff a pat on the back last month at its annual award ceremony, celebrating the best the company has to offer. The coveted Pharmacist of the Year gong was picked up by Jose Rodriguez of the multiple's Bognor branch, who attracted plaudits thanks to his partnership with local GPs and shining reputation with the local PCT.

The award for Professional Services Pharmacist was collected by Brian Hoppie (pictured below right, with DH community pharmacy tsar Jonathan Mason), whose Whitechapel branch delivers smoking cessation, a minor ailments service and chlamydia screening, despite having his hands full with more than 100 supervised methadone patients a day.

Other winners at the bash included new pharmacist Tommy Ling, and the Ledbury branch, which picked up the Branch of the Year title.



supported by



# CPD for your counter staff

- 36 modules per year
- Modules cover common OTC therapy and practice areas
- Modules delivered monthly in OTC magazine and online
- Telephone assessment with immediate results
- Certificates of completion sent out every six months
- Keeps your staff knowledgeable and up to date
- Cost-effective as little as £10 per staff member





Call 01732 377269 to register your staff







Nurofen Express. Winner Adult Health Category, survey of 12,026 people by TNS

# ...AND NOW FIRST IN CLASS.

Thousands of your customers have just voted Nurofen Express Healthcare product of the year in the UK's largest independent survey.

#### \*TARGETS PAIN TWICE AS FAST AS STANDARD NUROFEN TABLETS

FULL ESSENTIAL INFORMATION FOR NUROFEN EXPRESS 200MG LIQUID CAPSULES Name: NUROFEN Express 200mg Liquid Capsules Ibuprofen. Indications: Adults and children over 12 years Ibuprofen 200mg Liquid capsules are indicated for the symptomatic relief of rheumatic or muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness colds and influenza symptoms. Dosage and Administration: For oral administration and short-term use only. During short-term use, if symptoms persist or worsen the patient should be advised to consult a doctor Adults and children over 12 years: Initial dose two capsules taken with water, then if necessary, one capsule every four hours. Do not exceed six capsules in any 24 hours. Not for use by children under 12 years of age without medical advice.Elderly: No special dosage modifications are required. (See Section 4.4) The minimum effective dose should be dised for the shortest time necessary to relieve symptoms. If the product is required for more than 10 days, or if the symptoms worsen the patient should consult a doctor. Contraindications: Patients with a known hypersensitivity to ibuprofen or any other constituent of the medicinal product. Patients with a history of bronchospasm, asthma, rhinitis, or urticaria associated with

aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of, or existing gastrointestinal ulceration/ perforation or bleeding, including that associated with NSAIDs. Patients with severe hepatic failure, severe renal failure or severe heart failure. See also Section 4.4 Use with concomitant NSAIDs including cyclo-oxygenase-2 specific inhibitors – increased risk of adverse reactions. During the last trimester of pregnancy as there is a risk of premature closure of the fetal ductus arteriosus with possible persistent pulmonary hypertension. The onset of labour may be delayed and the duration increased with an increased bleeding tendency in both mother and child, Severe heart failure Precautions and Warnings: Caution in patients with certain conditions, which may be made worse. Systemic lupus erythematosus and mixed connective tissue disease, gastrointestinal disorders and chronic inflammatory intestinal disease, hypertension and/or cardiac impairment, renal impairment, hepatic dysfunction. High doses / long term treatment is associated with increased risk of myocardial infarction. Bronchospasm may be precipitated in patients with bronchial asthma or allergic disease. GI bleeding, ulceration or perforation. Caution in patients on medications which increase the risk of gastrotoxicity or bleeding. If GI bleeding or ulceration occurs, stop treatment. The elderly are at increased risk of the consequence of adverse reactions. Female fertility may be impaired by a reversible effect on ovulation. Side effects: In short-term use, at OTC doses, adverse effects are uncommon or rare. They include abdominal pain, dyspepsia and nausea. Hypersensitivity reactions are uncommon, and may include non-specific allergic reactions, anaphylaxis, respiratory tract reactivity (e.g. asthma, bronchospasm) and various skin reactions (e.g. pruritus, urticaria, angioedema). For a full list of potential adverse events, see the Summary of Product Characteristics.

Product licence Number: PL 00327/0202 Licence Holder: Crookes

Product licence Number: PL 00327/0202 Licence Holder: Crookes Healthcare Limited, Nottingham NG2 3AA. Legal category: GSL RSP: £3.92 for 16 liquid capsules Date of Prescribing Information: January 2009.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to the Medical Information Unit, Reckitt Benckiser, Hull. (0500 455 456).